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ABSTRACT

The provision of child care and development programs that meet the specific needs of infants and toddlers is a major issue among professional caregivers. This monograph provides a quick guide to program planning that focuses specifically on the needs of very young children in group settings. The monograph explains and discusses the planning process using a needs-based curriculum model philosophy. The planning process consists of eight specific steps. Step 1 highlights development of a program philosophy. Step 2 addresses the identification of needs of the children, and step 3 addresses the development of program goals related to what the program aims to achieve. Step 4 focuses on developing a curriculum framework for infants and toddlers. Step 5 examines the concept of observation of the needs and interests of individual children. Step 6 addresses development of program plans for individual children, while step 7 focuses on development of the group plan. The final step addresses evaluation of each of the previously discussed steps. Contains 38 references. (SD)

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Babies need more than minding

Planning programs for babies and toddlers in group settings

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Teresa Hutchins

Babies need more than minding

Teresa Hutchins

Foreword

Thinking about what is done and why, about whether it can be done better and how, is a process which is at the heart of improved practice in child care no less than in any other field.

The Accreditation and Beyond Series supports that process in practical way.

Each of the books in the series puts ideas about good practice up against the understandings about children and their needs on which they are based. This is done deliberately. There are no recipes for good practice. There are, however, principles which can be used as a benchmark for deciding whether what is being done is good for children and the people who work with them. Many of these are drawn out in this series.

The impetus for the series was to provide practical support to services participating in the Quality Improvement and Accreditation System. However, it is also intended that the series be an ongoing reference for early childhood professionals and services working to provide quality care for children.

It is not meant to be a final statement on any of the areas it covers and the range and depth of the series is deliberately diverse as is the child care sector.

The central issue in this book is the importance of trust and attachment in the first years of life. Infant's and toddlers and their physical dependence on adults is the basis for the development of quality programs. ***Babies need more than minding: Planning programs for babies and toddlers in group settings*** looks at how this makes programs for infants and toddlers very different from programs for older children.

Other titles in the series are:

- Staff–Child interactions: A Vygotskian perspective;
- The very best of care and education: Many ways to the Quality Improvement & Accreditation System;
- Surviving Accreditation: A QIAS ideas bank;
- The policy handbook: Developing policies in child care;
- Highlighting health: A discussion of health practices and accreditation; and
- Thought for food: A starting point on children's nutritional meals.

AECA hopes that these books will assist in making the accreditation experience rich, constructive and successful, and that the series will be an ongoing resource to services.

Tonia Godhard
President

For their contributions

Baby room staff at Tomato Lake Child Care Centre and Padbury Child Care Centre. Vicki Banham, Dr. Margaret Sims, Stephanie Jackiewicz, Chris Dimovich, Connie Borg, Pat Hasset, and Sandra Stott.

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Introduction

The provision of child care and development programs that meet the specific needs of infants and toddlers is a major issue amongst professional caregivers.

This book aims at providing a quick guide to program planning that focuses specifically on the needs of very young children in group settings. One of the problems that infant and toddler caregivers share is a lack of material expressly designed to aid in their task of providing programs for very young children. This is hardly surprising considering the general community attitude that babies 'just need minding'. This attitude has not been helped by the inadequacy of most education and training programs to deal effectively with this age group.

Effects of early child care

There still seems to be a reluctance in the Australian community generally to accept that a large number of very young children are being cared for outside the home. This lack of acceptance is based on the belief that non-parental care must inevitably be inferior to parental care. Debates still revolve around whether child care for very young children can be proven to be beneficial or detrimental to children's development. The more important debate regarding how children can receive the best care wherever they may be is often overlooked.

The validity of research regarding the long-term effects of non-parental care continue to be disputed. The available research does, however, provide us with some important information that can contribute to the development of high quality child care programs. For example, the research on the long-term effect of non-parental care on children's development indicates that infancy is a particularly vulnerable time for children in group care.

Some positive effects

The earliest research on infant day care was conducted in high quality university-based programs in North America during the 1970s (Honig, 1993, p.89). The findings of this research concluded that there seemed to be no detrimental emotional effect and some cognitive advantages for children in non-parental care. This research is supported by more contemporary research conducted in Sweden, North America, and Australia (Anderson, 1992; Field, 1991; Ochiltree & Edgar, 1990). The preliminary analysis of the Australian research by Ochiltree and Edgar indicates that difficulties experienced by some children in the first year of school are not related to early non-maternal care.

Researchers involved in a longitudinal study in Sweden found that children who began day care between the ages of six and 12 months performed better in school than children who started day care later (Anderson, 1992). Likewise, a series of North American studies report that children who had experienced quality

infant day care from an early age were advantaged during both the preschool period and primary school years (Field, 1991). These children were found to be performing better with regard to social skills, emotional wellbeing, and academic performance.

Both the researchers involved in these studies of professional child care stress the high quality of the infant programs attended by the children in each study. Indeed, the Swedish study stresses the high quality of the services involved and that the caregivers, whether in centre-based care or family day care, were all trained (Anderson, 1992). Likewise, the American study states 'all of the day care centres represented in this study were considered high-quality, stable day care programs' (Field, 1991).

Some negative effects

Unfortunately, it seems that the positive effects of day care in infancy reported in these studies are easily reversed if the program is not of high quality. Other studies conducted in North America have found that the detrimental effects of poor-quality care are much worse for children who start day care before their first birthday. Howes (1992) found that the children who had the most difficulty in the preschool period were those who had entered low-quality infant programs before they were 12 months old. Indeed, in some studies, children who began full or near full-time day care in their first year of life were found to be more aggressive and uncooperative than children who did not attend day care during infancy (Belsky, 1992, p.89).

Quality as the deciding factor?

Clearly the research indicates that the quality of the infant program is critical to the long-term outcomes for children. It is therefore important to clearly define what constitutes quality programs for very young children. Criteria often used to judge the quality of the program are:

- the physical setting;
- the caregiver's behaviour (often linked to caregiver training);
- the curriculum;
- the number of children in the program; and
- the ratio of adults to children.

It is also important to remember that it is the *quality* of these dimensions that is more important than the *quantity*. *Quality* depends upon:

- how the space is organised;
- how responsive the caregivers are; and
- the extent to which the curriculum reflects the individual needs of the children.

It is also important to note that the quality of the interactions are far more critical than the amount of space, the amount of equipment, and the amount of interaction between caregivers and children (Clarke-Stewart, 1992).

Quality of attachment

Of critical concern to the quality of the infant and toddler program is the quality of the attachment relationships between the children and their caregivers. One of the major concerns for many people is the link between day care experience and insecure attachment between infant and parent (Belsky & Rovine, 1988). The major psychosocial task of infancy and

toddlerhood is the development of trust and autonomy. A sense of trust in themselves and the world around them is born of the infants' attachment to significant others. There is, therefore, a growing acceptance that one of the most important influences in the development of very young children is the quality of the attachment relationships with their caregivers. For this reason alone the link between insecure attachment and infant day care is a serious issue for those planning programs for infants and toddlers.

Early research on attachment was limited to the importance of attachment between parents (in particular the mother) and young children (Belsky & Rovine, 1988). More recently there has been greater acknowledgement of the importance of attachment between the child and other people who care for the child on a regular basis (Honig, 1993; Mardell, 1992). The more recent literature on attachment and children in group care points to the important role played by secondary attachments (attachments to alternative caregivers) in the lives of children and young people (Maier, 1994).

The approach to planning programs for infants and toddlers taken in this book is based on the belief that attachment and emotional wellbeing must provide the basis of any program for very young children. The importance of trust and attachment in the first years of life, together with the infant's and toddler's physical dependence on adults, make programs for infants and toddlers very different from programs for older children.

The planning process

This book is designed to take the reader through the planning process, using the philosophy of the writer as the basis for program development. This philosophy has developed from years of direct practice in infant and toddler programs and through the teaching of infant and toddler care in post-secondary and tertiary institutions. The planning process, curriculum model, and framework presented here have been developed through trial and error with much help from practitioners in the field and students and colleagues in the Children Studies program at Edith Cowan University. While the planning process is universal, caregivers will find that their own programs will adapt to the particular needs of the children and families in their care and according to their own personal philosophy of care.

Needs-based curriculum model

The planning process described here follows a needs-based curriculum model. This premise for the model is the belief that programs for young children should respond to the particular needs of the children and families using the child care service. This model can be used for planning for any age group. However, the curriculum framework used in this book has been developed to meet the particular needs of infants and toddlers in group settings. For other age groups the curriculum framework would be based on the needs of the age group concerned, and the resulting program would look very different from a program designed for infants and toddlers.

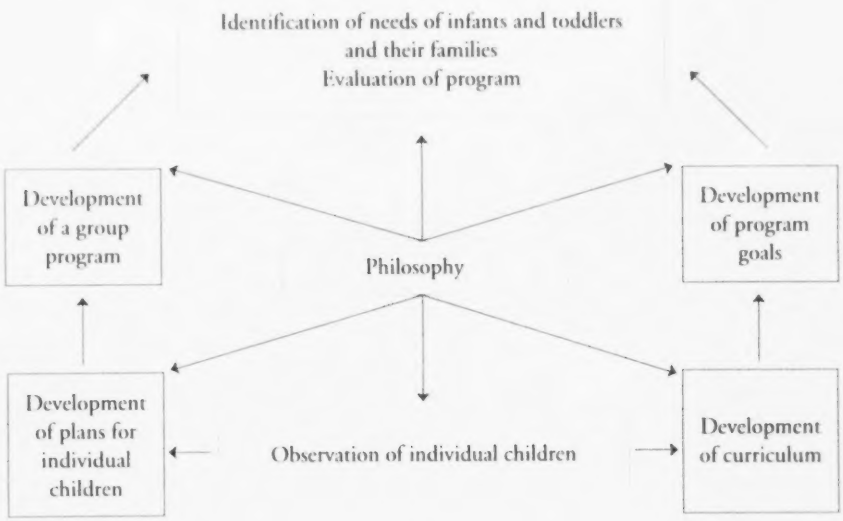
Planning programs for young children is a collaborative effort between the caregivers, the parents or guardians, and the children themselves. Parents provide their own unique understanding of their child and their own particular values and beliefs. The caregivers contribute their own personal philosophy and their knowledge and understanding of what infants and toddlers need in order to grow and develop to their full potential. The children contribute their own individual needs, abilities, routines, and interests. The role of the caregiver in planning programs is to take all three contributions and construct a program that operates within the practical confines of the available resources.

The planning process has eight steps that are listed here and illustrated in the following diagram. Although the process is presented as a lineal pattern, it is in fact circular. The last step becomes step two in the next planning cycle. It should be noted that there is interaction between the different steps, and that the needs of the children and their families, together with the program philosophy, influence what happens in all the other steps.

The planning process

1. The construction of a program philosophy.
2. The identification of needs, needs of the community, family, and individual children.
3. Development of program goals based on the program philosophy and identified needs.
4. Development of a curriculum framework based on the program goals.
5. Observation of individual children — includes observing, interpreting, and evaluating children's development. Developing specific objectives for individual children and making recommendations for planning.
6. Development of program plans for individual children, using the curriculum framework and specific objectives for individual children.
7. Development of a group program plan — includes collating all the individual plans and constructing a visual representation of the total program.
8. Evaluation — involves evaluating the success of the plans for the individual children against the specific objectives, and the goals and curriculum framework against the needs of the children, their families, and the needs of the caregivers.

The planning process


Identification of needs of infants and toddlers
and their families
Evaluation of program
Development of a group program
Development of program goals
Philosophy
Development of plans for individual children
Observation of individual children
Development of curriculum

Step 1

The development of a program philosophy

The program philosophy should be based on the needs of the community, families, and children serviced by the program and the caregivers' knowledge and understanding of the way children grow and develop. The following questions may help you formulate a philosophical statement that illustrates the particular beliefs and values underpinning your philosophy of care.

1. What is my image of the child? If your image of the child is of a competent and independent being, your program may be very different from a program where the caregiver imagines the child to be a passive and dependent receiver of care.
2. What is my role as a caregiver in the lives of the children and their families enrolled in the program?
3. What do I know about how infants and toddlers need to grow and develop to their full potential?
4. What do I believe about the importance of young children's social and cultural environment to their development?
5. What do I believe the relationship between the child care centre and the wider community should be?
6. How can the program respond to the unique characteristics of the community it serves?

The following example of a philosophical statement illustrates the philosophy of a particular program for infants and toddlers. However, each program should have its own philosophy, different from others, depending on the caregiver's own beliefs and values and the unique characteristics of each community.

Here is an example of a statement that tries to describe the philosophy underpinning an infant and toddler program.

My image of the child is that he or she comes into the world with a passion for relationships, activity, exploration, and discovery; and with an inborn expectation of how the world should be. **The role of the caregiver** is to make sure these expectations are met and to provide a service to children and their families. To offer love and support traditionally provided in extended families and community networks and to provide the children with guidance, care, and protection. The caregivers' role is to facilitate the development of each child's unique aptitudes, skills and interests. Caregivers provide opportunities that enable each child to reach his or her full potential as an individual and as a contributing member of his or her family and community.

In order for babies and toddlers to grow and develop to their full potential they need to develop trust in themselves and others through attachment relationships. They need to have their physical needs met by responsive and caring adults with whom they have loving relationships. They need the opportunity to play and to explore the environment without fear of harm, under the guidance of respectful adults who are willing collaborators in their development. Both the human and physical environments have a major influence on the development of infants and toddlers. The human environment needs to be characterised by respectful, responsive, and reciprocal interactions. The physical environment needs to be safe, to offer challenges and opportunities for problem-solving, and to promote the health and emotional wellbeing of the child.

Children's development is influenced by the social and cultural context in which they live. Very young children need continuity and stability with regard to expectations and child rearing practices. Babies and toddlers need to know that there is mutual respect and understanding between their primary caregivers and the child care staff, and that individual family differences are considered and welcomed.

Children and families using the program need to feel part of their local community, and the program has a duty to foster links between the children, their families, and the community.

Caregivers have a responsibility to advocate on behalf of the children and their families in the broader community and to make contributions to policy debates that have an impact on the children and families.

Step 2

Identification of needs

The needs of the families using the child care service are influenced by a number of factors. Most commonly these include:

- the location of the service;
- the social and cultural community in which the service operates;
- the type of care required by the families in the community; and
- the developmental and individual needs of children in the service.

Location

Programs servicing isolated areas in the north-west of Australia or in the Kimberley will find that the families in these communities have very different needs from those living in inner city Sydney. Location can make a difference to the structure of the program, curriculum, and daily timetable. If you are running a program in Telfer where the daily temperature does not get much below 40°C, the program has to accommodate the fact that children will not spend very much time outside. Location can make a difference to the amount of space the children require. Location also has an important influence on the way the curriculum is implemented. The experiences provided for the children should reflect familiar aspects of the community in which they live. For example, posters and puzzles of inner city buses do not mean much to children in communities without a bus service. Likewise, high-rise buildings do not mean much to children in the wheat belt.

The social and cultural community

The social and cultural community in which the service operates can influence things as diverse as the health needs of the children and the type of equipment needed. There is not much point in buying cots if the children are used to sleeping on mattresses or in hammocks! The type of community can also influence things like the amount of sleep the children need and the amount of time parents spend in the centre. Program goals should reflect the differing needs of the community. In some communities, health and hygiene will be a major concern. In other communities the children's independence may be more important. In some communities both parents may be at home, so the program may include more community development activities than does a program in a work-based service.

There is an increasing recognition of the importance of programs which reflect the diverse nature of Australian society. It is only sensible, however, to employ more bilingual staff in a program servicing a bilingual community. Likewise, it makes more sense to employ staff who understand the unique needs of farming families in rural services and staff who understand the strains and stresses of student life in a university

campus-based program. The diet offered in the program needs to consider the local diet, and in some cases programs may need to supplement the children's diet.

Type of care

Opening hours and types of services offered are also dictated by the needs of the community. A program for children attending mornings only is very different from a program offering late night or 24–hour care. Some communities require more flexible hours than others; for example, students and shift workers may need more flexibility than office workers. Some communities may need full-time care for their children. Other groups may need part-time care. Some communities will prefer centre-based care. Others will prefer family day care or occasional care. Children in the inner city may need more physically active play than do children in rural communities.

Developmental needs

Children's needs are very much dictated by their developmental abilities and limitations. Non-mobile babies and mobile toddlers have very different needs. The program should be based on the developmental needs of all the children in the group.

Individual needs and interests

The individual needs of the children in the program will depend on their development and maturation and on social and cultural influences in their lives. The individual needs and interests of the children in the program are usually assessed through discussions with parents and through observation.

The special needs of infants and toddlers in group care

Physical needs

It is true that infants are born into the world a whole lot more competent than we often give them credit for. It is also true that, for the first three years of children's lives, they are very dependent on adults to provide for their physical needs. All too often these physical needs become the entire focus for infant and toddler programs. Programs which focus on the physical needs of infants and toddlers and neglect other equally important needs are often referred to as *care and protection* programs. They are based on the belief that all very young children need is to be fed, washed and protected from harm. Clearly this is not enough; children cannot develop to their potential if their intellectual and psychosocial (and some would argue spiritual) needs are ignored. Nevertheless, it is inevitable in infant and toddler programs that the children's physical needs will take up much of the caregivers' time and energy.

Motor skill development

In the first three years of their lives children acquire motor skills which enable them to learn to walk, talk, eat, gain bowel and bladder control, feed themselves, and generally move from complete dependence to autonomous, free-moving individuals.

The acquisition of motor skills seems to occur according to a universal biologically guaranteed course of development. The rate at which children achieve these tasks, however, depends upon the physical maturation of the child and the social and cultural contexts in which they live. Nevertheless, there are two patterns all children follow in the acquisition of motor skills. Firstly the infant learns to control his or her head and neck and then spine and torso. Secondly infants gain control over their whole body before they can control separate parts of their bodies. Manipulative skills develop from control of the arms, to the hands—palm, and finally fingers (Weiser, 1990. p. 114).

0 – 4 months

In the first four months infants learn to:

- control their head and neck muscles, holding them erect when the back is supported;
- control their arm movements and reach out for objects in the near vicinity that attract their attention — often a caregiver's nose!
- turn their head towards a familiar voice and to track moving objects and people with their eyes;
- support their weight on their elbows when lying on their fronts and to carry some of their own weight when carried in a sling;

- turn from their side to back and learn by trial and error to roll from their front to their back; and
- sit with support. (Note: it is important to remember not to leave babies in positions that they cannot get out of by themselves.)

What kind of exercise?

We often assume that active exercise is a prerequisite for motor skill development in early infancy. Children who are carried a lot, however, receive stimulation to the muscles through touch which aids in the development and strengthening of muscles. The constant movement involved in being carried, combined with the pressure from the adult's body, also provides the brain with important information about the body's position in space. This information is called Kinaesthetic Feedback and is very important in the development of motor skills. These two factors account for the parallel development of motor skills in babies who are offered plenty of physical exercise and those who spend most of their day carried in a sling or strapped to a cradle board. Caregivers often become distressed when parents insist that their babies should not be put down on the floor to exercise. However, if caregivers understand that muscle strength can be built through alternative activities, they may feel better about the parents' request. It is important to note that leaving children to lie passively in a cot or pram all day does not have the same effect on muscle development and is not an acceptable practice.

4 – 8 months

Between four and eight months babies learn to:

- sit without support, although they often still cannot get into a sitting position by themselves;
- turn from back to side;
- roll from back to front;
- pivot their body around (often their first experience of moving by themselves);
- crawl or to bottom shuffle; and
- reach out for objects and grasp hold of objects, using their whole fist.

8 – 14 months

Between eight months and 14 months many babies:

- pull themselves up to a standing position, holding an adult's hands or holding on to the furniture;
- have increasing control of their hands;
- pick up and examine objects between their index finger and thumb;
- often take whatever they have in their hand to mouth;
- are never still and are enthusiastic explorers of the environment;
- are seriously preparing for walking;
- learn to cruise around furniture to balance holding on with one hand; and
- take the first independent steps.

14 months to 2 years

Once children are up on their own two feet, they are no longer considered babies and are entering a new period of growth and development.

Toddlers will want to:

- practice their new found walking skills endlessly;
- be actively exploring everything around them.

During this time toddlers will learn to:

- manage a cup and a spoon and to feed independently;
- refine fine motor skills and turn the pages of a book;
- hold a crayon;
- scribble on paper and walls!; and
- walk fast and begin to run.

2 – 3 years

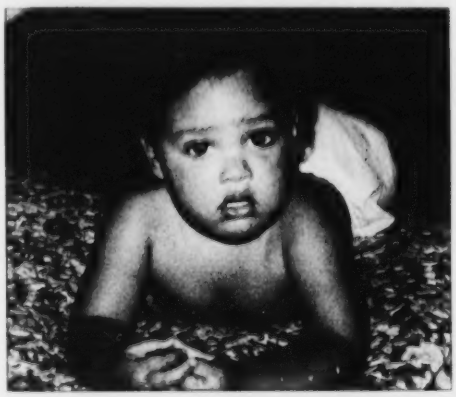
During the third year toddlers:

- become proficient runners;
- are much more coordinated;
- have a better sense of balance;
- attempt to balance on one foot;
- can kick a large ball without falling over;
- can throw a ball but still have little control over where it may land;
- scribbles will become more defined and will have symbolic meaning for the child;
- will take more and more responsibility for feeding themselves and for their own toileting needs; and
- become more proficient at dressing themselves.

Factors affecting motor skill development

Motor skills cannot be taught but can be encouraged or discouraged by the physical and human environment in which the child lives. The caregiver's responsibility is to ensure that opportunities for muscle strengthening are provided. Children need ample time to practise their developing skills without being rushed on to the next achievement.

Children have their own unique timetable for motor skill development. Even so, social, cultural, and environmental factors play an important part in influencing the rate at which each developmental task is achieved. In some contexts a particular area of development may be more highly regarded than others and thus encouraged more than others. For example, early locomotion is valued over early toilet training in most Anglo-Australian families. In many other families early toilet training is valued more highly than early walking.



Motor Skills: *An example of good practice*

At Thomas Lake Child Care Centre, caregivers in the baby room have designed the physical environment so that it supports the development of motor skills. The caregivers provide plenty of space for mobile infants to move around freely. The floor is kept free from clutter by the caregivers, who monitor how much equipment is offered to the children and encourage children to put toys and equipment back on the shelves when they have finished with it. The caregivers provide mattresses and covered platforms for babies to crawl and climb over, and safe places for non-mobile babies to observe the antics of the other children. Non-mobile children are frequently carried in slings and are given plenty of opportunities to practice kicking, reaching, and rolling. Interesting objects are suspended from frames and the ceiling for them to look at and to reach for. Small climbing equipment is provided inside and outside, and balls for kicking and rolling are easily accessible to the children. Babies who are unable to roll over are placed on their tummies for short periods to allow them to develop strength in their neck and shoulder muscles; but they are never left for long periods, as this could lead to shortening of the tendons in the neck. The caregivers have decided not to use baby walkers or jumpers as they can lead to accidents if not supervised properly. The caregivers also feel that they inhibit the child's attempts at pulling itself up and walking around furniture. Instead of walkers and jumpers, caregivers provide solid prams and carts for the children to push.

Nutrition

Nutrition is critical to the healthy physical and psychosocial development of the very young child. Providing a nutritious diet that conforms with each child's individual routine, cultural background, religious beliefs, sensitivity, and food preference is a demanding responsibility for caregivers. For this reason infant feeding and toddler mealtimes become a large part of the day. Mealtimes should, therefore, be an important component of the infant and toddler program.

Importance of breastfeeding

Throughout the world there is an increasing recognition of the importance of breastfeeding during a child's first 12 months. Until recently it would have been impossible for a mother to continue breastfeeding once her child had entered a child care program. Now high-quality infant programs are recognising their responsibility to support the mother to continue breastfeeding. This may require the caregivers to ring the mother when the baby wants to feed. On the other hand,

caregivers can arrange for the mother to bring in a store of expressed breast milk. This can be stored either in the freezer (if longer than 24 hours) or in the fridge and given to the baby throughout the day from bottles. Breast milk not only provides the best nutrition for the baby but it also provides antibodies to fight off infection. Protection from infection is particularly important in group care. During a baby's first 12 months, many of the caregiver's programming efforts will be focused on feeding, introducing new foods, and documenting any negative reactions to the food.

A mother's choice

The reasons mothers choose either to breastfeed or bottle feed are various and complex. What is important is that caregivers support the mother in whatever choice she makes. If a mother chooses not to breastfeed, caregivers should make up fresh bottles of formula each day. Some services ask the parents to bring in the day's feeds and keep the bottles in the fridge until they are needed. Milk is one of the worst harbourers of bacteria, and stringent hygiene practices and sterilising procedures should be upheld at all times. Any milk remaining at the end of a feed should be immediately discarded and the bottles washed and sterilised. Milk should never be saved and re-used.

Feeding times for babies having bottles should provide the same opportunity for intimacy and comfort that the breast provides. There is an important link between psychosocial wellbeing, nutrition, and health. Health and nutrition are important for emotional and social

development. Emotional wellbeing is also important for the proper digestion and utilisation of the nutrients in the food. Babies who are fed in stressful environments without due care and attention cannot make full use of the nutrients being offered to them. Feeding times need to be built into the program so that caregivers and babies can relax and take their time over one of the most important events in the baby's day. Enjoyable feeding times contribute greatly to the development of attachment between the baby and his or her caregiver.

Mealtimes for toddlers

Likewise, mealtimes for toddlers need to be relaxed and a time for intimacy, enjoyment, and social activity. Australians put much store by young children learning to eat by themselves. In many cultures adults feed the child as a symbol of love and protection. This may be a traditional way of acknowledging the important link between the child's emotional wellbeing and the absorption.

Mealtimes also provide the opprotunity for much learning. Food is an important sensory experience in itself, providing stimulation to the sense organs of smell, taste, and touch. Meal times are an excellent opportunity to extend language development by describing the food; matching words to smells, tastes, and textures; and by generally holding social conversations with those around one. They offer golden opportunities for children to learn about the social conventions that go with eating, and well-planned, relaxing mealtimes provide the caregivers with a well-earned break in their hectic schedule.

Waning appetites

Once children enter the toddler stage, it is quite usual for their appetite to drop off quite significantly. Babies eat enormous amounts because they are growing and developing muscle at an incredible rate. Once children reach 12 months, however, their growth rate often slows as they use up far less energy just getting around. This sometimes causes parents and caregivers some concern.

It is important that caregivers reassure parents and ensure that mealtimes at the centre do not become battlegrounds. Children should be provided with food they will eat rather than being expected to eat everything given to them.

Mealtimes:
An example of good practice

The caregivers at Graham Road Child Care Centre pay careful attention to the children's nutritional requirements. Two of the babies are breastfed. The mother of one of the babies works in the city, and she expresses milk for the caregivers to use during the day. She brings the milk in each day and the caregivers store it in a sterile container in the fridge. When the baby is hungry, the caregivers pour some of the milk into a feeding bottle before warming it by placing the bottle in a jug of hot water. The other mother works locally and feeds the baby before she leaves the centre in the morning. She telephones the centre during her coffee break to make sure everything is OK and returns to feed the baby again during her lunch break at 12.30. Three of the other babies in the group are fed formula from a bottle. The caregivers try to ensure that the same person feeds each baby each day. This means that the caregivers can use this time to form special relationships and attachments with the baby. When feeding the young babies, the caregivers always sit in a comfortable chair where they are able to see the other children and where the other children can watch the baby being fed. The caregivers have an agreement that, as far as possible, the one feeding the baby will not be disturbed so that he or she can give that baby full attention. The older toddlers are given their meals and snacks at the table, and caregivers sit with the children and encourage them to feed themselves. The caregivers prefer to use low chairs with sides to help the younger children manage at the table rather than high chairs, so that all the children are at the same height and none is left out of the interaction. The caregivers also use these times to sit and talk to children about what they are doing, have been doing, or will be doing. Meal and snack times are happy, relaxed times where the children and the caregivers enjoy each other's company.

The importance of touch

The importance of close physical contact and touch between the caregiver and baby for emotional wellbeing has been recognised for some time. Close physical contact may also have an important role in physical growth and brain maturation (Myers, 1992, p.178). Studies on premature and low birth-weight babies indicate that gentle massaging each day can increase the baby's weight gain by 47 per cent. At eight months, babies in the study were also found to be more alert and have more developed mental and motor skills, as well as maintaining their weight advantage over babies who did not receive the massages (Field, Bauer & Nystrom, 1986, cited in Myers, 1992).

Caregivers are sometimes reluctant to carry babies or to provide the massaging and stroking that babies obviously need. The resistance to picking babies up and carrying them often stems from the belief that babies who are picked up are more demanding. This is a false assumption: babies who know they will be picked up when they want to be will be more content to explore the environment and play by themselves. The other objection to massaging babies and providing plenty of stroking and touching is often prompted by caregivers' need to protect themselves from charges of inappropriate handling. The solution to this problem is not withdrawing from close physical contact but making sure that it is done out in the open in the presence of other workers and by discussing with parents their preferences regarding the handling of their child.

Sleep

All children have similar needs, but how these needs are provided for will depend on the context and the situation as well as on the child's temperament. For example, all young children need to sleep. However, where children sleep, how often they sleep, and how much sleep they need depends on how long they are in care, their family lifestyle, and their individual metabolism. Nevertheless, understanding the nature of sleep and how young children's sleep patterns differ from adult patterns will enable the caregiver to understand and provide for individual sleep needs.

How do very young children sleep?

Sleep can be divided into two main states: active and quiet (Sears, 1985). In active sleep, dreaming occurs and the eyes move rapidly, which is why this type of sleep is referred to as REM (Rapid Eye Movement) sleep. Sometimes active sleep is referred to as light sleep; because it is easier to wake from active sleep than quiet sleep. In quiet sleep, there is no dreaming and the eyes are still. This type of sleep is referred to as NREM (Non-Rapid Eye Movement) sleep. The sleep cycle progresses from

awake, through four stages, gradually deepening into quiet sleep. The ratio of active sleep to quiet sleep is different for children under three than that for children over three and for adults. Young babies spend much more time in active sleep than do older children and adults. There are two probable reasons for this. Firstly, if young infants spent more time in quiet sleep, they would be less likely to wake for feeds or if their breathing were compromised. Secondly, many theorists believe that active sleep provides necessary stimulation to the brain in order for it to grow and develop (Sears, 1985). Active sleep may be necessary for the brain to mature. Unlike adults, babies spend approximately the first 20 minutes of their sleep in active sleep before settling into a quiet sleep. They also spend a great deal of their time sleeping in transitional sleep (when they are moving from active to quiet sleep). During transitional sleep and active sleep, the baby is easily awoken by an unusual noise or by feelings of hunger or discomfort.

Implications for caregivers

The implication of this sleep cycle for caregivers is that children under three years cannot be expected to go to sleep without some help from adults. Children especially need help during the first 20 minutes and during transitional sleep. Babies waking

startled from an unusual noise need to be gently rocked or soothed back to sleep and toddlers need to be gently reassured so that they can return to sleep without waking other sleeping children. At home, infants may sleep close to adults who are ready to soothe them when they stir, or adults may be prepared to let them cry and learn to go back to sleep by themselves. In the group situation, however, it is too distressing for the staff and other babies to let babies cry themselves back to sleep. Likewise, toddlers who stir and are not soothed back to sleep are in great danger of not getting enough sleep themselves and of waking other children.

Individual sleep needs

Sleep times can be the most stressful period of the day for caregivers if they are trying to get all the children to sleep at the same time. In a baby room this is not only a complete waste of time but it also makes for a more stressful program. Babies need to sleep when they are tired, not when the clock says 12.30. A tired baby will not feed properly and an over-tired baby makes nobody happy. A baby in group care should be able to follow his or her naturally occurring sleep pattern. This makes sense for the baby and the caregivers. If you follow the babies' own natural patterns, it is probable that, out of a group of 10 babies, you will have have only seven or eight babies awake at any one time. This means that the caregivers get to spend more time with each baby.

Likewise, there is nothing more stressful in a program than the caregivers trying to get toddlers to sleep when they are not tired. Toddlers, like most children, need quiet times of the day where they can fall asleep if they need to. Some children may need a rest after lunch. Others may need it later in the afternoon. What is important is that the program is flexible enough to accommodate the different sleep patterns and needs of the children in the group. Arranging alternative quiet activities for children who are not sleepy is a lot less stressful than trying to magic them to sleep.

Occasionally it is possible that a toddler who does not appear tired needs to sleep. Caregivers will be able to identify these children by their behaviour; it is often disruptive when the child misses a sleep. For these children it is best to introduce a special ritual (a light massage, or story for example) that will help them relax and fall asleep.

A place to sleep

Caregivers should also try to accommodate each child's preference of place to sleep. Some babies sleep best in a pram that can be rocked until they reach quiet sleep; other babies sleep well in cots; and others are used to hammocks. Some babies sleep best in a quiet place away from the action; others like to sleep in the middle of the action. Toddlers often sleep best on a mattress on the floor, particularly if it is in the same spot each day. However, some programs have individual sleeping bags that the children can get into at any time of the day and sleep wherever they want to.

Responding to the various sleep needs and patterns of the children in the group is an important part of the infant and toddler program. Sleep needs must be planned for just as carefully as other needs.

Sleep and rest: *An example of good practice*

Caregivers at Cowan Child Care Centre try to follow each child's own sleep pattern. Some babies in their program are still having three sleeps a day; others just need one sleep after lunch. The cot room is adjacent to the play room, and caregivers simply put babies in their cots or on their mattresses whenever they appear to need a sleep during the day. The caregivers are very sensitive to each child's sleep habits and routines. Some of the babies use cots; others prefer a mattress on the floor. One baby sleeps in a pram on the veranda; another sleeps in a hammock in the play room. Some of the babies take a dummy to bed. Other children have a special cloth. The caregivers all know what each child needs as part of his or her sleep ritual and they stroke, rock, and sing to babies who need someone help them to sleep. Between 12.00 and 1.30 the caregivers try to encourage a rest by creating an atmosphere of peace and quiet. They draw the curtains, turn the lights low, and play soothing background music. During this peaceful time, caregivers and non-sleeping children can look at books, play with puzzles, and talk and cuddle together. As they wake, sleeping children are changed (if necessary) and offered a drink before joining the others to play quietly until all the caregivers are back from their lunch breaks.

A note about controlled crying

Sometimes parents who are having difficulties getting their babies to sleep, or with waking during the night, may consult a professional specialising in sleep disorders. One of the sleep programs that may be offered to parents in these circumstances is a program of *controlled crying*. Controlled crying is a systematic approach to training babies and young children to fall asleep by themselves. It involves letting children cry for progressively longer periods before returning briefly to reassure them and then leaving the room again. This pattern continues until the child eventually falls asleep by itself. The program runs over several nights, with the periods between leaving the child and returning to reassure him or her lengthening each night (Ferber, 1985). Done methodically, the program claims a high rate of success in a relatively short time.

The program raises some interesting dilemmas for group care. If asked to implement this type of program at the centre, caregivers should consider the following points. The program succeeds only if the caregivers are committed to it, which means that giving in and picking the child up can be worse than not doing it at all. Serious consideration needs to be given to the distress caused to other babies in the program and to the caregivers' own stress levels. A crying baby produces a considerable amount of stress in all those around it. Caregivers need to balance the parents' wishes with the needs of the group. A solution to the problem may be for the baby to sleep well away from the other children, and one caregiver assigned to implement the program. However, the caregivers may well decide that it simply is not possible to implement such a program in group care. This is especially likely if the child is new to the centre. The introduction of a controlled crying program while the child is settling in will increase the child's anxiety over separation and cause the child great distress.

Elimination and toilet training

Nappy changing

Just as sleeping and eating are major components of the infant and toddler program, so are elimination and toilet learning. In the infant program, nappy changing takes up a considerable amount of the baby's waking hours and the caregiver's time. Like sleeping, nappy changing has the potential to cause stress in the program. This is especially true if the babies are all changed according to a strict time schedule rather than when they are wet or soiled. It is true that nappies need to be changed frequently. It is important that the baby's personal comfort is maintained, and that nappy rash and cross-infection by contamination from leaking nappies are avoided. However, the nappy change should be a relaxed and intimate time for one-to-one interaction rather than a mad rush that resembles a factory production line. This means that nappy changes should be built in to the program as valuable learning experiences rather than as necessary, but irritating, routines that interrupt the program. Decisions about

when to change a nappy should be made on the basis of the particular child's needs. For example, a baby who always falls asleep during the feed should be changed before feeding commences. However, a baby who soils soon after a feed but does not fall asleep should be changed after soiling, not before the feed.

If caregivers change babies' nappies as they need it, rather than all at the same time, they will be able to take longer over each change and use it as an opportunity for some special one-to-one time.

Toilet learning

In the toddler program, learning socially acceptable toilet habits becomes a major task. Learning to gain bowel and bladder control is no small achievement for the young child. Like all other learning, it is a gradual process with different stages at different times. Social and cultural expectations have an important influence on how and when toilet training starts. Generally is it is accepted in Anglo-Australian communities that children should not be hurried and that adults should follow the child's natural interest in defecation and urination. This means waiting until he or she has enough understanding and muscle control to take responsibility for his or her own training. This is usually between 18 and 30 months. The *Signs of Readiness* listed here are an indicator that the child is probably capable of learning to take responsibility for his or her own toileting needs.

Signs of readiness

- An understanding of wet and dry.
- The child showing an interest in his or her urine or faeces and starting to investigate it.
- A level of neuromuscular control that enables the child to hold on for at least a few seconds.
- A realisation that he or she has some control over elimination.

Differing attitudes to toilet learning

Attitudes towards elimination and toilet learning vary within and across different cultural groups and over time. This often causes anxiety among parents, grandparents, and caregivers. For example, it is not so long ago (about 40 years) that young mothers in Australia were advised to hold out the baby over a pot after feeding. This advice would be scorned now as a complete waste of time. In families or communities where washing nappies is difficult, however, or where babies are generally carried around without nappies, the adults are much more inclined to try to catch the babies' eliminations as much as possible. Adults who carry the baby with them all the time learn to read the child's signs of imminent elimination and become experts at catching. The goal of this approach to toilet training is the reduction in the amount of washing as a first step towards independent toileting (Gonzalez-Mena, 1993). The goal in the dominant Anglo-Australian approach to toilet learning is the child's independence in managing his/her own bodily functions.

Toilet learning in group settings

What is most important is that, whatever toilet training program is used, the child is not pressured or punished for not performing to adults' expectations. *Power struggles* that result from a clash between the child's and the adults' wishes are to be avoided, as they can be very detrimental to the child's development. Power struggles may cause the child to deliberately withhold, and thus cause constipation which can be very painful and lead to serious complications. Mostly, toilet training in group care occurs with very little upset. Children enjoy watching each other perform and are keen to copy older children. If toilet learning is approached naturally, without a big scene being made, it usually occurs with very little effort on the part of the caregiver. The skill is in accepting accidents patiently and providing the right kind of encouragement at the right time. Toilet training should be a collaborative effort involving the child, his/her parents, and the caregivers. Caregivers should consult with the child's parents before commencing toilet training and should work out a plan of action with them. Understanding that social and cultural influences play a part in the adults' decision about how and when to begin toilet training will help the caregiver negotiate a mutually acceptable plan that is in the best interest of the child.

Psychosocial needs

The development of trust and autonomy

Much of what we understand about the psychosocial needs of infants and toddlers has evolved from the work of theorists such as Erikson, Bowlby, and Ainsworth. Erikson proposed eight stages of personality development, two of which occur in infancy and toddlerhood. According to Erikson, the first years of life are critical for the development of a sense of trust and autonomy (Black, Puckett, & Bell, 1992). Babies learn to trust when their basic needs are met by nurturing, responsive, sensitive caregivers who understand that babies do not have any sense of time and do not know how to wait. Erikson provides us with the insight to understand the importance of infancy as a time when young children learn to have basic confidence in others and trust in themselves. Toddlerhood, according to Erikson, is a time when young children learn the rightness of having their own independent thought and actions (Honig, 1990, p.79).

Babies who are left to cry when distressed, hungry, or just plain bored soon learn to mistrust those who care for them. They do not develop the confidence that enables them to reach out and explore the environment and discover their own capabilities. Toddlers who have not learned to trust find it difficult to assert themselves and to develop independence, because they are always seeking reassurance that things are alright.

Attachment

The mechanism that works to ensure caregivers respond to infants' needs with warm, loving care is called attachment. The importance of attachment to the development of very young children was highlighted by the work of John Bowlby and later Mary Ainsworth. Bowlby came to believe that babies are born into the world with a set of behaviours especially designed to engage their caregivers and make them fall in love with them. Those first cute smiles, cooing and gurgling, and endearing hand movements are all designed to attract the attention of caregivers. Bowlby also believed that the quality of the attachment relationships between babies and their primary caregivers had implications for later psychological development (Mardell, 1992, p.202). Some studies indicate that attachment to parents may be disrupted by the baby entering group care in the first 12 months of life (Belsky & Rovine, 1988). This places great responsibility on the caregiver to actively promote and protect primary attachments (attachment to parents or other caregivers in the home). Caregivers can provide opportunities for parents to spend time with their babies in the centre and possibly encourage babies to sleep late in the afternoon. This would enable parents to spend more time with their children in the evenings. It is very important to discuss this kind of arrangement with parents before it is implemented. Some parents need their children to go to bed early and will not be happy with the child sleeping late in the afternoon. One innovative child care centre

provides a takeaway meal service, enabling parents to spend more time with their babies in the evenings when they would normally be cooking the evening meal!

Primary attachments

Mary Ainsworth provided a classification system for attachment after studying the relationship between mothers and their babies in a laboratory setting. She found three categories. The first category was *insecure attachment*, where the babies seemed to be *anxious and to avoid* close contact with their mothers. The second category was *secure attachment*, where the babies were *happy to explore the environment in the presence of their mother.* These babies were easily comforted by their mothers when they returned after a short absence. The third category, *insecure attachment*, referred to babies who seemed to be *anxious but resistant* to the mother's attempts to comfort them. Securely attached infants were found to have mothers who were sensitive to their baby's cues. They enjoyed close contact with, and were affectionate towards, their babies (Black, Puckett & Bell, 1992, p.145)

Attachment to caregivers

Bowlby and Ainsworth were concerned only with primary attachments, that is, attachments to parents (mostly mothers). Indeed, much of Bowlby's work was based on the belief that babies are capable of only one attachment relationship, usually with the mother. More recently theorists, influenced by cross-cultural studies, have turned their attention to the importance of secondary attachment figures in the child's life (Mardell, 1992). These may be family friends, relatives, or paid caregivers. Research conducted in North America suggests that children may form hierarchies of attachments, preferring parents as the primary attachments, if available, but happy to be comforted by caregivers if not. It appears that each attachment relationship is negotiated between the baby and caregiver, based on the quality of the interactions between them. The quality of the secondary attachments apparently also has implications for the child's development independent from the quality of primary attachments. The behaviour of children in day care seems to be linked to the quality of their attachment to their caregivers and not to the quality of their attachment to their parents (Mardell, 1992). Children who are securely attached to their caregivers engage in more peer play than children who are not. This seems to be true even if they are securely attached to their mothers (Howes 1988, cited in Mardell, 1992). Clearly the quality of the relationships between caregivers and the children in group care is a critical element of the child care program.

Facilitating attachment: *an example of good practice*

One of the caregivers at St Albans Child Care Centre became very worried about her relationship with one of the babies in her room. She was his special caregiver but felt very frustrated at her lack of progress in forming a relationship with him. She really tried to like him but he just did not appeal to her. He was too quiet and basically just sat around watching what was going on and not doing very much. She had tried engaging him in jokes and games but he took ages to respond. He did not seem to care whether she was in the room or not. This worried her, as she knew that the temptation was simply to ignore him. At lunchtime one day she talked it over with her colleagues. They told her that they thought he just had a very placid temperament and was probably a bit 'slow to warm up'. That night the caregiver made a special attempt to talk to the baby's father when he came to collect the child. At first she just asked what kind of day he had had and then she started to ask him if there were anything that his baby particularly enjoyed. The father's face lit up and he started telling her stories about the things the baby got up to at home. It was the first time the caregiver had seen this father talk so fondly of his son, and she began to feel guilty that she had not particularly liked his baby. The father mentioned that the child particularly liked his bath and would play for hours in the water. The caregiver asked if he minded if she gave the baby a bath tomorrow if he liked it so much. The father agreed, and the next day the caregiver gave the baby a bath. As soon as she put him in the water, a huge grin covered the baby's face. The caregiver relaxed and grinned back. 'At last I have got a response,' she thought. After the bath the caregiver gave the baby a gentle massage with apricot kernel oil. He really enjoyed this and smiled happily at his caregiver. The caregiver decided to include regular baths and massages in her individual program for this baby. Slowly but surely over the next couple of weeks the baby and caregiver began to form a real attachment. The caregiver began to wonder why she had not bonded immediately with this gorgeous baby who was always up to some mischief.

Sequence of attachment

Attachment theory has some other important implications for infant and toddler programs. In the first place, there does seem to be a sequence to the development of attachment between babies and others. This sequence is divided into four phases (Black, Puckett & Bell 1992, p.147).

- Until about three months of age babies seem to be happy with any person who pays them attention and behaves in a nurturing way.
- Between three and six months babies tend to focus on familiar people and are more likely to show enjoyment of the special people in their lives.
- The third phase, from about six months to three years, is described as *active proximity seeking*.

In this third phase, children show a definite desire to be near their attachment figures, often crying when they leave and calling out, or physically seeking them out, during their explorations of the environment. It is during this phase that strangers are treated with caution and sometimes alarm. Fears referred to as *separation anxiety* and *stranger anxiety* are most likely to occur.

Separation anxiety and fear of strangers

Separation anxiety is characterised by acute distress at the departure of the attachment figure and intense joy upon reunion (Black, Puckett & Bell, p.150). Stranger anxiety is most likely to occur around the seventh and eighth month and is characterised by the baby staring very hard at the stranger, bursting into tears, and holding tight to the attachment figure. In the fourth and final phase, from three years to the end of childhood, children develop the capacity to imagine the return of the attachment figure. They are, therefore, much more likely to let go and happily await the return of their loved one.

When to start day care?

It is the third phase of attachment, the time between six months and three years, that has the greatest significance for group care. If the baby enters group care before six months, the caregivers have a chance to develop their relationship before the baby becomes discriminating. This is good for the caregivers, as it means that they are less likely to have difficulty settling the baby into the program. It must also be less stressful for the baby. However, as the research has indicated, early entry to child care may interfere with the attachment relationship between the baby and his or her parents. For most parents, though, the choice of when to start day care is controlled by maternity or paternity leave arrangements. The most common arrangement is to take six to 12 months leave. This means babies are more likely to

start group care just at the point where they are becoming very unsure of strangers and needing to be in close contact with their attachment figure.

Settling in

The implication for program planning is that the settling-in period for new babies and toddlers must be very well planned. The ideal is to have a settling-in period where the parent is available to accompany the child to the centre while he or she settles in and comes to know the caregivers. During this time, the caregivers should concentrate on building trust between themselves and the baby. Well-known trust-building games are the good old-fashioned *Round and Round the Garden* and *This Little Piggy*. Objections to a settling-in period are sometimes raised because services believe it is unfair to charge parents for time when they are expected to accompany their child to the centre. However, services that do offer a settling-in period report that parents are usually willing to pay once they understand that it will cause less distress to their child in the long run. The other objection is that parents often find work before they find child care and do not have the time for a settling-in period. This is a valid objection, but usually parents who are returning to work after paternity or maternity leave know in good time when they are required to return.

A settling-in period is important because it is less distressful for both the parent and the child to become used to the separation gently. A settling period also enables the child to see his/her parents and caregivers getting along well together. Even very young babies will look to their parents for cues about how to respond to the caregivers. If the parents are getting along well with the caregivers, the children are more likely to relax and respond to them. This is referred to as *social referencing*. Social referencing describes the influence primary attachment figures have on the acceptance of secondary attachments (Mardell, 1992). Even when the children are all settled into the program, attention needs to be paid to the transitions between home and the centre each day. These transitions must be planned for and managed with much skill on the part of the caregiver (see curriculum framework for more ideas).

Settling in: *An example of good practice*

At Spiers Road Child Care Centre, the caregivers think carefully about settling new children into the program. When they enrol a new baby, they assign him or her a special caregiver. This caregiver spends time talking to the parents, explaining what happens in the program and asking about the child's needs and interests. This caregiver will also be responsible for undertaking all the routine tasks with this baby until he or she settles. The centre has a two-week settling period, but this is flexible if parents or guardians have to go back to work immediately. The caregivers try not to take the babies from their parents when they are new to the program. Instead they try to engage the baby in some kind of game and wait for the baby to come to them. Some babies respond instantly to the caregiver, playing 'Peek-a-Boo' while they are still safely in the hands of their parents. The caregivers encourage other babies to play with an interesting toy or piece of equipment. Caregivers play alongside the child, giving him or her enough time to become used to them before getting too close. To prevent the children getting too tired or overexcited during the settling period, the caregivers ask the parents to keep the days short if they possibly can. They feel that the babies should have a chance to get to know their caregivers and the new environment before they sleep at the centre.

If the parent or other familiar person is not able to spend time settling the baby into the program, caregivers often carry the child around for most of the day. They know that it can be very frightening for the very young child to be left in a strange environment with strange people. Parents are always asked what kind of comforting strategies work with their babies and are encouraged to bring in comfort toys, dummies, and other familiar things such as Mum's jumper or Dad's shirt. Babies and toddlers in this program are never left to cry. Even if the caregivers can't stop the distress over separation, they know that the physical comfort of being held is important to the distressed baby.

Fears and anxieties

Stranger and separation anxieties often persist up to between two-and-half and three years. At about 18 months toddlers may also begin experiencing new fears. These often include fear of the dark, the plug hole in the bath, animals, story book and television characters, monsters, ghosts, loud noises, lightning, thunder, vacuum cleaners and other noisy equipment (Black, Puckett & Bell, 1992, p.218). While some of these fears may seem funny or obscure to the adult, it is important that they are treated seriously and that the caregivers respond with respect and understanding. The best way to deal with child fears is to try and give the toddler some control over the situation. For example, if toddlers become fearful of the toilet, let them flush the toilet themselves.

Dealing with fears and anxieties: *An example of good practice*

The caregivers at Ryes Drive Child Care Centre are sensitive to the fears and anxieties that some of the children in their program are experiencing. For example, one of the toddlers seems to have developed a fear of the dark. Until recently he was quite happy to sleep in a darkened room. However, last week his mother reported having great difficulty getting him to go to sleep. The caregivers had also noticed that he seemed to be upset if the lights in the sleep room were switched off. They decided to use a small lamp in the sleep room so that the other children were not disturbed by the light and to let David be 'in charge' of turning off the big light at sleep time. The caregivers shared their plan with David's parents, who thought it was a good idea and tried it at home as well. David responded really well to being allowed to turn off the light when all the children were on their beds, and he was very proud of himself. After a week of ritually turning of the light, David decided that the lamp should be switched off too and that everyone should sleep in the dark!

Another baby, Sarah, who is just 10 months, has started being upset when other caregivers and parents come into the room. She stares at them for a few minutes and then bursts into tears and crawls as fast as she can towards the nearest caregiver. The caregivers make sure that, when someone unfamiliar enters the room, they stay close to her and say, 'It's OK. I am here, this is a strange person. You have not seen him (or her) before, have you? It's OK, they won't hurt you; they have just come to pick up …' In this way the caregivers try to show that they acknowledge and accept the child's feeling while still giving them some reassurance. They have found that just giving this kind of reassurance stops Sarah from becoming distressed.

Self-calming techniques

Babies and toddlers often invent their own self-calming techniques. These techniques help them when they are tense or frightened or simply trying to relax and fall asleep. Some children use thumb or finger sucking, other children adopt a special comfort toy or object; others make their own self-calming noises. Even after these self-calming behaviours are given up in later years, they may be reverted to in times of stress or fear (Black, Puckett & Bell, 1992, p.18). These behaviours are important, as they enable children to learn to rely on their own resources rather than always needing the comfort of others.

Transitional objects

Special comfort toys or objects are sometimes referred to as *transitional objects*. They are referred to as transitional because they provide comfort throughout the transition from dependence to independence (Black, Puckett & Bell, 1992, p.220). These objects are especially important to babies and toddlers in group care, who often use them to comfort themselves when experiencing separation or stranger anxiety. Parents sometimes worry about the attachment their child shows for these objects. It is important for caregivers to reassure parents and explain that such objects or behaviours (in case of dummy or thumb sucking) are a natural and important part of growing up. Children in group care should never be forcibly removed from their attachment objects and should be allowed access to them at all times.

The search for autonomy

Young children's ability to explore the world and their place in it grows out of their sense of trust in themselves and others provided by the attachment experience. Their thirst for exploration and discovery increases as they move toward greater autonomy. Behaviours that indicate the move towards autonomy include:

- an insistence on trying to do everything for themselves;
- increasing frustration with their own limitations;
- asserting their right to independent thought and action;
- the accomplishment of bowel and bladder control;
- a passion for power and control over their own lives.

Programs sensitive to these needs provide opportunities for toddlers to feel powerful and in control as well as loved. Toddlers need the freedom to explore relationships: between objects, between themselves and objects, and between themselves and others. Toddlers also need the support and guidance of caregivers who are readily at hand when they lose control

or become frustrated with their own limitations. The challenge for caregivers is to provide a balance between the toddler's sometimes conflicting needs for dependence and independence and for freedom and control.

Self-concept and self-esteem

Another important psychosocial task for infants and toddlers is the development of a positive self-concept and healthy self-esteem. The development of self-concept, the sense of oneself as separate and uniquely different from others (Black, Puckett & Bell 1992, p.227), develops during the first three years.

The development of self-concept is characterised by:

- an increasing awareness of self;
- the ability to recognise self in photographs or in the mirror;
- the ability to define self as brother or sister, or as big or small.

Self-esteem, the ability to evaluate oneself in a positive or negative light, is based on a positive self-concept and continues to develop through to adulthood. A positive self-concept develops as infants and toddlers receive affirming feedback from those around them. Caregivers who demonstrate their respect and concern for the developing child provide the necessary affirmation. Adults who are disrespectful and antagonistic towards children can seriously undermine a young child's self-concept.

Developing self-esteem: *An example of good practice*

At Michael Road Child Care Centre, the caregivers are very conscious of the fragile nature of children's self-esteem. The caregivers have a policy of encouraging children's efforts rather than praising outcomes. They believe that to praise a child by saying 'good boy' or 'good girl' for completing a puzzle is to implicitly say you are good only when you are successful. Instead, the caregivers try to comment on the children's effort. They say things like, 'I can see you have been working a long time on that puzzle; it must be quite hard.' and 'Thank you for remembering to put the toys back in the basket; it really helps.' The caregivers also know that the feedback they give the children will affect the way they perceive themselves. The caregivers make a conscious effort to acknowledge the children's strengths and to help them see themselves as competent people. The caregivers are also careful to provide openended experiences that enable each child to achieve at his or her own level, and encourage the children to take on responsibilities for routine tasks. For example, they encourage the mobile children to get their own nappies out of their bags for a nappy change; thus the children become partners in the nappy change rather than passive receivers of care.

Gender identity and awareness of difference

Gender differences

During the first year of life there seems to be little difference in the behaviour of boys and girls. During the second year, however, differences do seem to occur. These differences are most likely to be influenced by the adults responding differently to girls and boys and providing them with different experiences and types of interaction (Black, Puckett & Bell, 1992, p.229). As gender constancy (the understanding that one's gender cannot change) is not achieved before five, toddlers believe that they can grow up to be a mother or father, depending on their choice. Parents sometimes worry that play choices may influence their child's gender identity (it is interesting that fathers seem much more concerned about their sons than mothers do about either their sons or daughters). Caregivers can reassure parents that their children's choice of play activities will not influence either their gender identity or their gender role in later life. Encouraging boys to be nurturing and girls to be more assertive is about helping children achieve their full potential as people, and not about turning fathers into mothers or mothers into fathers. Nevertheless, between two and three years children do become increasingly curious about their anatomy and begin to notice differences amongst their peers. They also become aware of the cultural aspects of gender; for example, knowing the difference between men's and women's shoes.

Racial awareness

At about two-and-half years young children gain some understanding of the concept of colour and will begin to distinguish skin colour (Derman-Sparks, 1991). At this time children will pick up any messages given to them regarding positive or negative associations with skin colour that may be held by the adults around them. Caregivers often feel uncomfortable discussing skin colour and will skip over it when talking about the colour of children's eyes or hair. Even very young children are perceptive enough to know that something is wrong with something that is not talked about. Caregivers should include skin colour in their discussions and ensure that the messages they are giving young children is that difference is natural and difference is okay.

Awareness of physical difference

During the third year of life young children will start to be aware of cultural differences, such as language and dress. They are, however, not yet able to construct their own cultural identity in relation to their families (Derman-Sparks, 1991). Children from the age of two do start to notice obvious differences in physical ability, such as people using wheelchairs. Between two-and-half and three years there may be some signs of pre-prejudice in the form of discomfort with physical differences. Caregivers must again be sure that differences are spoken about and that the children are receiving positive messages about difference.

Development of empathy

An important part of toddler development is learning to understand another person's point of view. Caregivers spend their days explaining to toddlers that other children feel sad, angry, or happy in response to a particular behaviour. According to Hoffman (1988) cited in Black, Puckett & Bell 1992, p.231) there are four developmental levels of empathetic distress:

- Global empathy when babies under 12 months become distressed themselves when others around them become distressed. For example, a baby may begin to cry because others are crying.
- Egocentric distress, when the toddler is aware of others distress but does not understand what is causing it. Consequently, children may believe that the distress is caused by the same things that distress them. For example, a toddler may go and get his own dummy and give it to another child who has been pushed over. The toddler believes that the other child's distress is caused by wanting the dummy rather than by being pushed over.
- Empathy for others' feelings, when children between two and three years are able to understand how another person is feeling.

The fourth level of empathy described by Hoffman is not applicable to infants and toddlers, as it does not occur until later in childhood.

Sensitive caregivers understand the young child's limitations in regard to understanding the distress of others. They spend a lot of time talking to children about feelings and explaining the reasons for other children's distress. This is true even when the source of the other child's distress is the child him or herself. Just because a child is the perpetrator it does not mean that he or she will connect his or her actions with the other child's distress.

Need for instant gratification

One of the things that makes working with infants and toddlers particularly challenging is the their lack of a sense of time. Their inability to conceptualise time means that they find waiting very difficult. In many cultures this is well-recognised by the cultural practice of responding immediately to the needs and requests of children under three. Somehow in Australia we seem to operate on the notion that children need to learn to wait. This seems a very unfair assumption, given the child's lack of understanding of time. Waiting a few minutes is an eternity for a small baby and a very long time for a toddler. In group care there are times when it is not physically possible to respond to children's needs or requests instantly. However, it is possible to minimise waiting and to reassure children that you know what they want and will get it as soon as you can. Practices such as sitting the children down before the food is ready, and queuing children up at the change table or to go into the bathroom are definitely unacceptable. So is making hungry babies wait for their feed.

Cognitive needs

The development of cognition

Much of what we understand about how very young children come to know about the world and their place in it comes from the work of Piaget and Vygotsky. Piaget believed that the thinking processes and problem-solving abilities of infants and toddlers were very different from those of older children and adults (Black, Puckett & Bell, 1992, p.240). He outlined four stages of cognitive development, two of which occur in early childhood. According to Piaget, children under two years are in the sensorimotor stage where their understanding of the world is brought to them through their senses and through motor activities.

Some of Piaget's ideas about how children achieve cognition are beginning to be questioned. What cannot be questioned, however, is the contribution Piaget has made to understanding the importance of sensory motor experience for very young children. Throughout the first three years children learn primarily through doing: through actions and their accompanying sensations. Piaget's description of the types of knowledge that young children acquire is also very useful to professionals working with very young children.

Three types of knowledge

Piaget proposed that children acquire three types of knowledge: physical, logico-mathematical and social conventional (Maxin, 1993). During the first two years children spend most of their time discovering physical knowledge through exploration of the environment, and attaining social conventional knowledge through their interactions with people around them.

- Physical knowledge refers to the physical properties of objects and materials. For example, the young baby comes to understand the properties of a rattle by mouthing it, smelling it, touching it, and shaking it.
- Social conventional knowledge refers to the conventions that are agreed upon in any culture. For example, the baby comes to know through his or her interactions with others that the rattle is called a rattle and not a hammer.
- Logico-mathematical knowledge refers to the child's ability to know about characteristics and properties of objects and materials that are not visible. The child comes to know that a ball will roll down the hill but a box will not.

Sensory motor play

Infants and toddlers acquire both physical and logico-mathematical knowledge as they interact with and act upon their environment. This means that they need plenty of opportunity to engage in sensory motor and exploratory play. Sensory motor play behaviours are characterised by mouthing, shaking, banging, pushing, pulling, throwing, and dropping the objects and materials the child comes across in the environment. Close observation of very young children engaged in this type of activity finds them engaged in constant problem-solving (Gonzalez-Mena & Widmeyer Eyer, 1993). 'How do I pick up this rattle when my hands are already full?' 'How can I get over to the window to see what's happening outside?' These problems are solved according to the child's own developmental abilities. The non-mobile baby may call out to be picked up and taken to the window; another may wriggle and roll until he or she reaches the window; another may simply crawl over to the window.

Piaget's theory of cognitive development helps us understand the relationship between perception, motor activity, and cognition.

Perception

Perception refers to the ability to take in and organise sensory experience which is an important part of acquiring physical and logico-mathematical knowledge. During the normal course of the day the infant or toddler at home has the opportunity to engage in many sensory experiences as his or her primary caregiver goes about household duties. For example, a young child will observe and smell (and probably taste) cooking activities in the home environment. Young children at home also often have the opportunity to observe the outside world during shopping trips and visits to the local park. Tactile experiences are provided by crawling around on grass, kitchen tiles, and living room carpet. It is through these everyday activities that young children use their senses to come to understand the world in which they live. These experiences must be built into the child care program

The role of the adult

Piaget's work has been influential in our understanding of the relationship between perception, motor activity, and cognition. Other theorists have contributed to our understanding of the role of the adult or more experienced peer in young children's cognitive development. Vygotsky, a Russian theorist, has highlighted the importance of the adult or older child in helping the young child learn by providing verbal suggestions or information (Black, Puckett & Bell, 1992, p.252). Vygotsky believed that all learning takes place in a social context. In other words, the adult or more experienced peer work together with the child to complete tasks which are culturally relevant and have social purpose (Fleer, 1992). The role of the adult, or more experienced peer, is to guide the young child through the acquisition of new knowledge and understanding during everyday activities. The caregiver does this by observing the children and recognising the point at which they are ready for new learning. The distance between the child's current level of understanding or ability to complete a task and his or her potential for new understanding or skill is called the Zone of Proximal Development (Banham, 1994). Responsive caregivers recognise the ZPD and support children in order for them to accomplish the next level of skill or understanding.

The role of the adult: *An example of good practice*

The caregivers at Mini Creek Child Care Centre try to encourage the children to dress themselves by letting them try for themselves and being close by to offer help and support. For example, in this case of the toddler learning to dress herself, the caregiver notices her struggling to put her shorts on. The child is holding on to the wall with one hand and struggling to hold her shorts still while attempting to put her leg through the appropriate hole. The caregiver approaches the child and tells her that she might find it easier if she sat on the floor to put her shorts on. The child sits down and the caregiver offers to hold the child's shorts while she puts her legs through the holes. Once the toddler has achieved this, the caregiver suggests that she can stand up now and pull the shorts up by herself. The caregiver helps the child to her feet and gives her a verbal reminder to pull her shorts up. The child pulls on her shorts and eventually gets them up most of the way up. The last bit being more difficult, the caregiver offers to help her finish it off. The child agrees and the caregiver finishes pulling up the shorts, giving verbal acknowledgement of the child's efforts by saying, 'It's hard work putting on shorts by yourself isn't it?' The toddler nods in agreement. In this episode the caregiver and child have collaborated and explored ways of completing the task of getting the shorts on.

Caregivers can be become skilled facilitators of young children's learning by observing them, asking themselves, 'What is this child trying to learn?' Caregivers should then provide the verbal suggestions, information, or physical support required for the child to accomplish the task or to achieve new understanding.

This type of interaction between adult and child has been described as guided participation (Rogoff, Mistry, Goncu, & Mosier, 1993). Guided participation is defined as the structuring of children's participation and bridging between their understanding and that of their caregivers. According to these writers, 'children's development occurs through active participation in cultural systems of practice in which children, together with their caregivers and other companions, learn and extend the skills, values and knowledge of their community' (Rogoff, *et al.*, 1993).

In the analyses of their cross-cultural study of guided participation between toddlers and their caregivers in four communities, Rogoff and her colleagues draw attention to the process of learning through observation. Amongst their findings they report that, in communities where children are included in adult activities, learning occurs through active observation and participation in the activities with the assistance of responsive caregivers. Furthermore, the children in

these communities not only learn by observation but they also become skilled observers and take responsibility for their own learning.

Learning through observation

It seems that, in our anxiety to protect young children from formal instruction, many infant and toddler programs may have overlooked the importance of learning through observation. An example of learning through observation was noted recently when the parents of a nine-month-old baby were constructing a 'play pen' big enough to accommodate the whole family. After the construction was complete the proud father began to explain to the mother how the complicated bolting system would keep the gate securely locked. The mother sat the baby down next to her while she practised opening and locking the gate. Satisfied that the locking system was working well, the mother and father sat down to enjoy their well-earned cup of tea. As they sipped their tea, they watched astounded as their nine-month-old baby crawled over to the lock. She wiggled it in the same way the mother had, and within two minutes had successfully opened the gate!

Including children in daily tasks

The implication of this type of learning for group care is the importance of including infants and toddlers in the daily tasks of the caregivers. For example, even young infants should be included in the job of putting clothes into the washing machine, transferring them into the drier, or hanging them out on the line. Children can learn much by observing the caregivers sweeping the floors, repairing toys and books, putting up shelves, digging the garden, planting flowers, and sewing tags on wash cloths. The key factor is that adults make an effort to include the children in these activities, not merely complete the tasks without reference to the children.

The acquisition of language

Young children start to learn about language well before they are able to use it. During the early cooing stages infants exercise their vocal cords and enjoy listening to adult talk. At about six months these early cooing sounds, which consist of all the vowel sounds, begin to change and are combined with consonants to produce a babbling sound. At this point all babies make the same sounds, regardless of the languages they hear around them, but gradually babies become more selective and start to use only the sounds that they hear. By 12 months most babies have their caregivers well-trained in their own communication system. Particular cries have different meanings; sounds have definite meanings attached to them, as do gestures. By 12 months babies may not be able to say any intelligible words but they will be understanding a large amount of what is being said to them.

Caregivers sometimes feel a little self-conscious about talking to babies who cannot talk back. It is important to remember that babies cannot learn to

understand or to use language if they do not hear it around them and see it in action. Receptive language, that is listening to and understanding the meaning of words, develops much earlier than does expressive language. Caregivers must ensure that they engage in real conversations with the babies and be careful to provide them with labels for everyday objects during routine tasks.

Infants and toddlers learn to use the correct grammatical forms through hearing them. Children do not begin to understand the rules of grammar until much later, so correcting the grammar of a toddler is pointless. When toddlers use words incorrectly, their attempts at communication need to be respected and accepted. Caregivers should use the correct forms without interfering in the child's effort to communicate. Correcting a toddler's speech is very discouraging for the child and he/she may well feel that it's just not worth the effort and give up trying to talk at all.

Books and early literacy

Picture books and simple story books for infants and toddlers are an important part of developing a healthy interest in reading and writing. In this book we have discussed the importance of touch and cuddling to the young child's development. If caregivers introduce books into these warm one-to-one interactions, babies and toddlers will come to associate books and reading with pleasure. This in itself is an important part of learning to read. Children who find pleasure in looking at books and reading stories learn to read and write much quicker than children who think reading and writing is a boring and difficult task.

Children who are exposed to books before the school years seem to follow similar developmental trends in reading behaviours (Maxim, 1993, p.290). The first stage in learning to read occurs in infancy and toddlerhood when the children begin to develop strategies for making sense of stories. Adults facilitate the development of these strategies by relating the words and pictures in simple books to the child's own life experience. For example, while they are looking at a picture book with dogs in it, the caregiver may ask the toddler if he or she has a dog at home. Through this kind of experience the very young child begins to understand that pictures have meaning. They also develop visual discrimination by picking out different objects labelled by the adult. Looking at books with infants and toddlers also helps to develop listening skills and the ability to differentiate sounds. The children learn to turn the pages of a book and learn that there is a right way up for each book. These are all important pre-reading skills (Maxim, 1993).

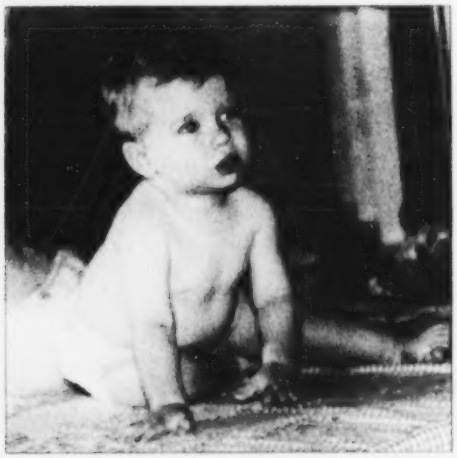
Facilitating language and early literacy development: *An example of good practice*

The caregivers at the Mount Child Care Centre believe that language and early literacy skills are important parts of the program. They make sure that the children always have access to good quality books and that adults are available to look at the books with the children. The caregivers choose books that have some relevance to the children's lives. For example, one of the toddlers in the group has just acquired a new baby sister. His caregiver chose a picture book about new babies and sat and talked to him about the babies in the book and his new baby at home. While looking at the book with this child, the caregiver was careful to label objects in the pictures. For example, the toddler pointed to the picture of the baby's face. The caregiver replied by saying, 'Yes, that's the baby's eyes. Where are your eyes?' The toddler responded by pointing to his own eyes. The caregiver said, 'Yes, they are your eyes, and these are the baby's eyes', and pointed to the picture of the baby's eyes. The toddler said 'eyes' and the caregiver responded by saying, 'Yes, eyes.' The toddler then pointed to the picture of the baby's nose; the caregiver responded and said, 'That's the baby's nose; where is your nose?' So the conversation continued.

Step 3

The development of program goals

Program goals are long-term statements of what the program aims to achieve. These goals are derived from the program philosophy and the needs of the children, families, and community. Program goals will differ from program, to program depending on the needs of the children and their families. The following program goals are designed to meet the needs of infants and toddlers in group care, based on the philosophy of care outlined in step one and on the needs defined in step two. They are meant to illustrate how goals are constructed rather than act as a template for all infant and toddler programs. In this example community needs have been defined as extra help with children's health and nutrition. The goals have been grouped according to the definition of needs used in step two.



Program goals related to community needs

The program will provide:

- for the development and maintenance of positive links between child health services and families using the program;
- for the development of and maintenance of positive links between the community centre and families using the child care service; and
- for an improvement in the health and nutritional status of children in the program.

Program goals related to physical needs

The program will provide:

- for children to develop muscle strength and control;
- for children to develop a sense of balance and body in space;
- for children to accomplish independent locomotion (crawling, walking, running);
- for children to develop a healthy appetite and preference for nutritious food;
- for children to develop healthy rest, relaxation and sleep routines and rituals;
- for children to attain appropriate gains in weight and height;
- for children to gain independence in personal care routines and to take responsibility for their toileting needs; and
- for children to adopt a healthy attitude towards touch and close physical contact.

Program goals related to psychosocial needs

The program will provide:

- for children to develop a sense of trust in themselves and in others;
- for children to develop autonomy and independence;
- for children to develop self-comforting strategies;
- for children to develop a positive self-concept and self-esteem;
- for children to develop all facets of their personalities regardless of gender;
- for children to develop an appreciation of difference as well as similarities; and
- for children to develop empathy for others' feelings.

Program goals related to cognitive needs

The program will provide:

- for the development of perception;
- for the development of problem-solving;
- for the development of physical, logico-mathematical, and social conventional knowledge; and
- for the development of expressive and receptive language.

If you check back, you can see how each of these goals covers a particular need identified in step two. Once the goals of the program are established, the next step is to develop a curriculum framework to help you plan for the children's needs.

Step 4

Developing a curriculum framework for infants and toddlers: *A plan for development*

Once program goals have been developed, it is useful to develop a curriculum framework through which the goals of the program are met. The curriculum framework may differ from program to program, depending on how caregivers envisage the program running. Some caregivers like to use a framework that encompasses the developmental domains. For example, some use the headings 'physical', 'social', 'emotional', 'cognitive' and 'language' development. There is nothing wrong with using this framework. It does, however, tend to force people into thinking they have to provide 'special activities' to meet their goals and objectives. This is not a useful way for an infant and toddler program to be constructed, as it takes away from the importance of the learning experiences provided by the daily routines. It also tends to structure the program according to what adults think children should be learning rather than responding to the children's needs.

The curriculum framework proposed here considers the needs of the caregivers as well as those of the children. It does this by taking into account the large amount of time taken up with routine tasks in an infant and toddler program. It also acknowledges the importance of routine tasks as learning experiences. In addition, this framework emphasises the physical, psychosocial and cognitive needs of very young children by nominating *caregiving*, *attachment*, and *play* as key areas of the curriculum.

Caregiving provides the venue for the personal interactions and relationships that help form attachment. Caregiving also provides the means by which caregivers cater for the children's physical needs. *Attachment* provides infants and toddlers with the foundation for the development of trust and autonomy, while *play* provides a medium for exploration, discovery, and problem-solving. This is not the only framework that can be used in infant and toddler programs but it does provide a very useful and practical curriculum model for caregivers.

Caregiving as curriculum

The basis of all curricula for infants and toddlers is interaction — between people and with objects (Gonzalez-Mena & Eyer, 1993, p.44). In an infant and toddler program many of these interactions take place during routine caregiving tasks such as nappy changing, feeding, bathing, and toileting. Unfortunately, the importance of the interactions during these times are under-valued by some caregivers. They sometimes feel they have to rush through these routines in order to have time to provide special activities for the children. Caregiving tasks should be given the importance they deserve and become a central component of the plan for learning. As Magda Gerber, a very early champion of infant and toddler curriculum, points out, 'appropriate curriculum for infants should not be special teaching plans added to daily activities, but rather should be built into the infant's every experience' (1981, p.84).

Routines and rituals

Not all caregiving tasks are routine, but many are. These are often referred to as 'the daily routines'. It is important to distinguish here between routine tasks, rituals, and the daily schedule. They perform different functions. The daily routines refer to the children's routine. For example, David always gets hungry about 10.30 and needs a bottle. This is David's routine. Jessica, on the other hand, needs a sleep at about 10.30. This is her routine. Knowing each child's routine and deciding on the procedure are an important part of program planning. For example, it may be important for David to be fed by a particular caregiver, as he is just establishing an attachment relationship with her. Jessica may need to be rocked to sleep, or she may just need the verbal support of the caregiver as she is learning to go to sleep by herself.

Routines and rituals are not incidental to the program, they *are* the program. Rituals are like little ceremonies that people perform during the day. Rituals are important, as they provide very young children with a sense of security and order. Very young children do not understand time, so you cannot say to them 'in 10 minutes it's sleep time'. You can, however, prepare children for sleep with rituals. If the room is darkened and gentle music put on before sleep, the babies will come associate this with rest time. If the toys are packed away and the tables arranged in a particular way for lunch, the toddler will soon learn that this means lunch is on its way. Rituals often accompany routine tasks or activities, for example, in some households it may be customary to say a prayer of thanksgiving before meals. The routine is the meal-time and the ritual is the saying of prayers. Rituals provide the sense of security and order, whereas the routines provide opportunities for interaction, exploration, and discovery — in other words, they provide the venue for much learning.

The daily schedule

It is important to distinguish between the daily routines and the daily schedule. The daily schedule is a way of organising the day around the children's routines. For

example, it may be better for the staff to have their coffee breaks before David needs his bottle and Jessica needs to sleep. Unfortunately, the children's routines are often forced to meet the demands of the schedule rather than the children's needs. *Remember it is the duty of the caregivers to organise the daily schedule around the needs of the children, not the other way around!*

Attachment as curriculum

The importance of both primary and secondary attachments has been discussed at some length in this book. The attachment curriculum (Mardel, 1992) promotes secure attachments between the children and their parents and caregivers. The attachment curriculum has five components: a focus on children's separations from primary caregivers (parents or guardians), building home-centre links, holding and physical contact, handles for attachment, and routines and rituals.

Separation from primary caregivers

Separation from primary caregivers is one of the most stressful parts of the child's day. If the separation is handled badly, it can set the tone for rest of the day. The attachment curriculum focuses on relieving the stress caused by separation. If the caregiver does not provide the young child with adequate support at the time of separation, the child may remain anxious for the rest of the day. An infant or toddler who is very distressed on separation will not settle easily to play and explore the environment if he or she does not trust the caregiver. Trust is built when the caregiver is responsive to the child's distress and when the child can see that there is a trusting relationship between his or her primary and secondary attachment figures. The caregivers should make time to talk to parents or guardians when they bring the child in. They should also talk to the parent or guardian about establishing routines and rituals at separation that will help the child make the transition from home to centre more easily. For example, Jake's routine is that he arrives at the centre when the caregiver is preparing feeds in the kitchen at about 8.30. Jake's separation ritual is that the caregiver walks with his father to the door. At the door she takes him from his father and carries him over to the window. From the window Jake waves to his father one more time and watches as he drives away in the car. This is done every day and Jake is happy to let his father go.

Home centre links

Infants and toddlers need stability and continuity of care, and this is best established if the links between home and centre are strong. Infants and toddlers develop trust more quickly if they see that their parents and caregivers value each other. Creating home-centre links facilitates the understanding of partnership between the child's family and caregivers. The more at ease parents are with the caregivers, the more at ease the children will be. Photographs provide a simple link between home and centre, with pictures of the caregivers pinned to the fridge at home and pictures of the children's families on the pinboard at the centre. Centre and family barbecues are very successful in some centres, and many caregivers offer to baby-sit for parents in the evenings. This provides extra cash and another opportunity to show the children that the caregivers are an important part of the family's life.

Holding and physical contact

The importance of touch and close physical proximity has already been discussed. The attachment curriculum ensures that infants and toddlers are given as much physical comfort as possible. Holding and cuddling facilitates the development of secondary attachments in almost all young children. Very occasionally you may come across a touch-sensitive child who becomes very upset at being held. With this child, touching needs to be very sensitive and within the limits of the child's own tolerance for touch. Physical contact is especially important for infants and toddlers who have limited means of receiving and giving loving attention through language. Holding, cuddling, and carrying infants and toddlers will not spoil them, it will help them develop the trust and confidence they need to go out and explore their environments.

Handles for attachment

Handles for attachment refer to materials and activities that enable very young children to form secondary attachments quickly. A favourite handle for attachment used in one centre was a pop-up toy consisting of three balls that thread on to an upright pole. Once in place, the balls are pressed down on to a spring. The child (or adult, in the case of a baby) presses a lever on the side and all the balls spring up in the air. This toy was used over a number of years to settle many babies. The babies were so surprised when the balls sprang up that they soon forgot their distress and became intrigued in making the toy 'do it again'. To do this they needed to call on the help of the caregiver, who willing sat with the child for half an hour while the toy 'did it again' many more times. Playing with this toy became a daily ritual for very many new babies entering this particular program. Other handles for attachment may be a favourite book, a puppet, a play in the sand patch, a swing in the hammock, or looking in the mirror. Often caregivers have a mountain of ideas and do not realise how important these things are.

Attachment curriculum: *An example of good practice*

Caregivers at Ethyl Avenue Child Care Centre understand the importance of the attachment curriculum for children in group care. They put lots of effort into bonding with the babies and toddlers in their care, and make sure that each child has the same special caregiver looking after him or her each day. The caregivers spend lots of time holding and cuddling the children and playing games like *This Little Piggy* and *Round and Round the Garden*. They try to find out what special things each child likes. For example, one of the babies does not much like being picked up. His caregiver, however, found that he loved to play *Peek-a-Boo*, using a pair of sunglasses. The caregiver wears the sunglasses and calls the baby's name, When he hears her voice, he comes running up to her and lifts up the glasses, she says 'BOO', and both fall around laughing together. The caregivers love to share a joke with the babies and toddlers, and the atmosphere is light and jovial most of the time. Another baby has just learned to sing *Row, Row, Row*. Every time she starts to sing *Row, Row, Row*, the caregivers call the other children and everyone sings *Row, Row, Row, the Boat* together. The caregivers take lots of opportunities to sing to the children throughout the day and will often burst into impromptu song and encourage the children to join in. The caregivers are also skilled at reading the signs of distress or tiredness, and respond quickly to the babies' needs. They never leave babies waiting, and will whip up a feed or snack at the first signs of hunger.

Play as curriculum

The moment of birth for the small baby is the beginning of a journey of discovery. Infants start this journey by exploring and discovering their own bodies and those of their caregivers. As soon as babies have the strength and coordination, they reach out to the caregiver's face, touching and exploring their eyes, nose, and mouth. These early explorations are just the beginning of the exploration and discovery that preoccupies the young child throughout infancy and toddlerhood. This is the way for children to find out about themselves and their place in the world. As adults, we label this behaviour play, but for the children themselves it is simply what they do best.

Infant and toddler play

Infant and toddler play is different from the play of preschool children. Preschool children's play tends to be constructive and makes sense to the adult (Gonzalez-Mena & Widmeyer Eyer, 1993, p.63). It is easy to see the benefits of dramatic play, art and craft activities, and block-building. Infant and toddler play, on the other hand, looks to the casual observer like aimless wanderings and can at times appear quite destructive. However, if we carefully observe infant and toddler play, what we see is enormous amounts of problem-solving: 'What happens if I pull on this shelf?' 'What kind of noise will the saucepan make if I bang it on the floor?' 'How many cotton reels can I fit in to the bucket?' 'What happens when I pour the sand all over the floor?' 'How does the water feel when I turn the tap on full?' Infants and toddlers also gain a great sense of power and control when they can manipulate the environment. For example, when toddlers can fill up the bucket with sand and take it over to the water play, they feel that they have some control over their environment.

Sensory motor play

We have noted earlier that the development of perception (the ability to organise sensory experience) and motor skills is an important part of infant and toddler development. Both are facilitated when the environment presents plenty of sensory motor play. Infants and toddlers need to constantly move their bodies. They enjoy rolling, using their arms, crawling, climbing, walking or running. Very young children need to be physically active. Learning occurs when this physical activity is accompanied by sensory experience. Babies pick up objects and come to know and understand them by mouthing and sucking on them. Both babies and toddlers delight in discovering the different sounds they can make when banging, pushing, and shoving. Toddlers love to smell and to touch both unfamiliar and familiar objects and materials. Caregivers need to provide infants and toddlers with plenty of space and opportunity for sensory motor play, in the indoor environment as well as outside.

Heuristic play

When adults come to understand the importance of play for infants and toddlers, they sometimes want to control it. Sometimes they feel that they should set up objectives and plan the outcomes of the play (Gonzalez-Mena & Eyer, 1993). Infant and toddler play is about exploration and discovery, planning outcomes is impossible. The learning is in the process of exploring, discovering, and solving problems. Some writers have referred to this kind of spontaneous exploratory activity as *heuristic play with objects* (Goldschmied & Jackson, 1994, p.118). This is a useful way of defining infant and toddler play, because heuristic learning means a system of education under which the pupil is trained to find things out for him or herself.

Essential elements of heuristic play are:

- the opportunities for children to freely choose their play materials from an adequate selection;
- the freedom to explore the material without instruction on which is the right or wrong way to use it; and
- enough space to move around freely without getting in the way of other children.

The adults' role

Some adults feel the urge to order and structure infant and toddler play. Other adults feel that there is no need to plan for it at all—especially so when this kind of play is referred to as 'free play'. The truth is that, if the play is to be free for the child, the adult has to plan carefully how the play should be facilitated. It should be free for the children but the role of the adult is still crucial. The adult's role is to ensure the quality of the explorations by providing stimulating materials and the kind of support and guidance that helps young children achieve their next level of understanding. Caregivers can do this by providing prompts: 'I see you have the red ball; does it bounce when you throw it?' Or 'That's a loud noise that saucepan makes when you bang it, isn't it?' Or, when the caregiver perceives a toddler becoming frustrated with a puzzle, 'How about trying it the other way round, like this?'

Planning for heuristic play: *An example of good practice*

At Woburn Way Child Care Centre, the caregivers spend a lot of time thinking about how they set up the environment so that it fosters exploration and discovery. Today they have put lots of everyday objects in shoe boxes and placed them in different parts of the room. Some shoe boxes contain simple musical instruments that make a noise when picked up and shaken. Other shoe boxes contain cotton reels, large avocado seeds, and soft sponge balls. All these objects will roll in one way or another. Another shoe box contains different edible leaves and flowers. The caregivers do not show the children the boxes but leave them to discover them for themselves. The preparation is well worth it when the caregivers watch the children's faces as they finally work out how to get the lids off the boxes and discover what treat lies inside.

The components of caregiving, attachment, and play provide the basis for curriculum planning, but the curriculum itself is implemented within the human and physical environments. Both the physical and human environments are important factors in the quality of the care for very young children.

The infant and toddler environment

The human environment

The human environment is really about the expression of relationships through interaction. Very young children develop a positive self-concept and self-esteem when they feel loved and cared for. Infants and toddlers feel loved and cared for when their caregivers are responsive to their needs, respect their wishes, and share in their interactions. It is intimate relationships between children and caregivers that provide the core of child care and distinguish it from other professions in the human service area.

Much of the work of infant and toddler caregivers is concerned with understanding and contributing to how very young children construct images of themselves, their world, and their place in that world. We know that children construct an image of themselves based on the feedback they receive from important people in their lives. Infants and toddlers construct working models of caregivers based on the quality of the caregiving relationship. If the relationship is characterised by loving, warm responsive, challenging, and stimulating interactions, the child will come to expect this of all caregivers and

will develop a deep sense of trust. This is not so if the relationship is characterised by a lack of warmth, ambivalence, and boring repetition.

Interactions

Interactions between responsive caregivers and children are characterised by reciprocity. Reciprocity describes the give-and-take interaction that occurs between adult and child when caregivers view young children as partners in the relationship rather than passive receivers of care. When interactions are reciprocal, caregivers involve the children in everything they do. For example, caregivers involve the young baby in a nappy change routine by talking to the child about what they are doing. The interaction may go something like this: *'Okay, let's take these pins out like this'. The baby follows the caregiver's hands with her eyes. 'Lift your legs'. The baby responds by looking at her legs as the caregiver lifts them up. 'That's the way; nearly done'. The caregiver smiles at the baby and the baby smiles back. 'You can go and play soon'. The baby smiles again and continues to watch as the caregiver completes the nappy change.*

As well as including the baby in the activity and showing respect for the child, the caregiver is also facilitating language development. During this type of interaction, babies as young as four or five months begin to establish situational understanding of the words the caregiver is using. The baby comes to understand the meaning of the words in this situation, as they are always accompanied by the same actions. Toddlers can take an equal part in the activity by getting their own nappy from their bag and by being encouraged to take responsibility for helping the caregiver complete the task. Reciprocity is also characterised by caregivers paying close attention and responding positively to early attempts at communication. Caregivers engage in turn-taking with babbling infants and follow jabbering toddlers to find out what they are trying to say. Responsive and respectful caregivers say 'show me' in response to the unintelligible jabbering of an excited toddler.

Caregiver behaviour

Responsive adults are probably the most important component of an infant and toddler program. The research points to the importance of caregiver behaviour in the developmental outcomes of very young children in group care (Clarke-Stewart, 1992). Children with responsive, positive, accepting, and informative caregivers, who read to them, offer choices, and provide verbal prompts, fare much better than children whose caregivers merely hold, hug, and help them. Likewise, children whose caregivers spend their time directing, controlling, restricting, or punishing them do poorly on assessments of social and mental competence. The amount and quality of interaction between caregivers and children is also an important indicator of the quality of the care the children are receiving. Where interactions are infrequent, the amount of one-to-one interaction between caregivers and children makes a difference to children's development. However, where interactions are frequent, it is the *quality* of the interactions that make the difference to the outcomes for the children.

Consistency and continuity of care

While the behaviour of caregivers may play the greatest part in shaping the quality of the human environment, consistency and continuity of care are also critical factors. Very young children need continuity and consistency in order to develop attachments, security, and a sense of trust. Caregivers need to plan caregiving arrangements that maximise the consistency and continuity of care. This may involve:

- allocation of primary caregivers to particular children;
- grouping children so that they do not have to change rooms or groups too often; and
- organising staff rosters and shifts so that the same caregivers are available to greet the children each day.

Some common practices that jeopardise the continuity and consistency of care, and thus put at risk the child's sense of security and trust, are:

- grouping children according to narrow age-groupings, causing them to change caregivers every six to 12 months;
- rotating caregivers from group to group;
- high staff turnover;
- employment of casual staff; and
- lack of a home base in multi-age settings.

When planning the infant and toddler program, caregivers need to ask themselves how the routines and responsibilities can be organised so that they ensure continuity and consistency of care. Caregivers need to ensure that the human environment is organised so that they can build up good relationships with all the children in the group (Weiser, 1991).

The physical environment

High-quality infant and toddler environments have a number of dimensions. Leading writers in the area often refer to the dimensions of open/closed, simple/complex, high/low mobility, soft/hard, intrusion/seclusion, and risk/safety to assess the quality of environments for very young children (Gonzalez-Mena & Eyer, 1993, Weiser, 1991).

Open/closed

The open/closed dimension refers to the amount of choice available to the children. We have already discussed the importance of spontaneous play in the infant and toddler program, but the amount of spontaneity depends on the choices available to children. Infants and toddlers need to be able to choose from a selection of materials, but they can also become overwhelmed by too much choice. Skilled caregivers judge the right amount of choice they give the children, based on their knowledge of each child. The dimension of open/closed also refers to the arrangement of furniture and space. Infants and toddlers need open space where they can engage in large muscle activity, but they also need to feel secure and need some boundaries put on their activities. The best way to arrange the furniture to accomplish a balance between open and closed space is to use mats, blankets, and low shelving for boundaries for particular areas that encourage different types of behaviour. The close dimension also refers to storage space; to prevent a cluttered feel to the room, equipment and materials should be stored away in a closed cupboard. According to Weiser, 'the environment is open when it is uncluttered but with a sense of organisation and with a clear traffic flow' (1990, p.245). This requires caregivers to be constantly picking up and reorganising the materials as the children finish using them. While toddlers can be encouraged to help pack away at the end of a session, it is the caregiver's responsibility to keep the materials tidy and organised while the children are still playing. There is nothing worse than a baby room where toys are strewn across the floor, with toddlers falling over them and nobody playing with them. Sometimes caregivers have the attitude that it is not worth tidying up until the end of a session. This is a false belief, because the quality of the children's play is directly related to the organisation of the play materials in the room. When the materials become strewn across the floor, the children loose interest in them and become aimless and even destructive.

Simple/complex

The simple/complex dimension refers to the number of ways a play material can be used and the number of different ways the materials can be combined. Infants and toddlers need to explore, discover, and invent new ways of doing things. Materials provided in the environment should enable them to do just this. Cardboard boxes are one of the most versatile play materials infants and toddlers can have. Cardboard boxes can be sat in, climbed on, picked up and thrown around, put over heads, and be used as trains, boats, and cars. Likewise, pieces of soft, silky material provide tactile stimulation as well as endless opportunities to play *Peek-a-Boo* and hide and seek.

Very often everyday objects provide more versatility than expensive manufactured toys. Saucepan lids make great drums, cymbals, and spinning tops; and old wallets and purses provide endless opportunities for infants and toddlers to discover how different fastenings open and shut.

High mobility/low mobility

The environment needs to provide opportunities for physically active play and for quiet, peaceful activity. Opportunities to climb and use large muscles should not be confined to the outdoor environment. Infants and toddlers need the opportunity to be active whenever they get the urge. Large cushions for babies to crawl over provide excellent opportunities for large muscle activity, as do low climbing frames for toddlers. Small children also need the opportunity to be still and peaceful without the interruption of more active children. Spaces to have a cuddle with the caregiver or to look at a book need to be planned away from the hustle and bustle of children engaged in physically active play. Non-mobile babies need spaces where they are safe from being trampled on and can explore materials without fear of them being whipped away by an inquisitive toddler.

Seclusion/intrusion

One of the most common causes of anti-social behaviour in infant and toddler programs is overcrowding. Infants and toddlers seem to need more personal space than any other age group. While too much space can make very young children feel insecure, too little causes them to hit out and often bite those who come into close contact. Caregivers need to plan for a balance in the environment between seclusion and intrusion. Children need spaces where they can be alone for some respite. A blanket over a table provides a cosy cubby, as does a large cardboard box turned on its side. Infants and toddlers also need spaces where they can sit quietly and observe what is going on around them, with the opportunity to join in if they wish.

Soft/hard

The importance of touch has been mentioned several times. It seems that touch may be the most important of the senses for infants and toddlers. This is because the skin is the largest organ in the body and provides a vital source of information to the brain. Both the human and physical environments provide important tactile experience for infants and toddlers. The physical environment needs to contain lots of softness in the form of soft mats, blankets, cushions, and soft materials for the children to play with. It is no accident that even very young children can play for long periods with play dough, sand, and water. These materials provide important tactile stimulation for the developing child. Infants and toddlers also

need hard surfaces where they can learn to walk and run without fear of over-balancing. However, it is softness, not hardness, that should dominate the environment for infants and toddlers.

Risk/safety

It is the caregiver's responsibility to ensure that the physical environment is safe, and that children are free from harm. It is also his or her responsibility to ensure that adequate challenge is provided in the environment. An environment that presents no challenge can be as damaging as an environment that is not safe. Caregivers need to provide opportunities for infants and toddlers to test their physical abilities and, at the same time, to be there right behind them should they need help or support. Babies develop the muscle strength and coordination needed for walking by climbing over available furniture and adults. Caregivers need to provide safe places for babies to climb and be close by, ready to catch, rather than trying to stop the baby from climbing.

This section has described a curriculum framework that is based on the particular needs of infants and toddlers in group settings. Having a curriculum framework makes the task of planning to meet the needs of children much easier. Both the curriculum framework and the program goals will help you decide what to observe and how to observe the development of the children in your program. The curriculum framework will also help you decide what experiences you will provide for the children.

Observation of the needs and interests of individual children

What to observe

Sometimes caregivers are overwhelmed by the idea of observing the children in their program. Mostly the task seems difficult because caregivers are unsure what to observe. In some ways the answer to this problem is that you observe everything that you see. Certainly in the planning process you want to make use of everything that you notice. However, the task of observing is made easier if you relate it back to your program goals and curriculum framework. For instance, if one of your program goals is for the children to develop muscle strength and control, your observations should include taking a look at the degree to which each child is developing. Using the curriculum framework as a guide, you can decide to observe during caregiving routines or play, depending on which is the most appropriate. If you use your program goals as a guide to observation, you will be sure to be observing the children's needs. However, it is equally important to observe each child's interests. Understanding the needs of the child will give you ideas about what areas to plan for, but understanding the interests of each child will give you ideas about what strategies to use. The idea is to build up a portfolio of the children's development and interests over time. Some people use scrap books, others use a card filing system, and some use a loose-leaf folder for each child.

Anecdotal records

The most useful types of observations to keep are anecdotal records. Anecdotal records are descriptions of events or behaviours that the caregiver observes throughout the day and writes up when he or she has time. A good anecdote always has information about who did what, where, when, and how. An example of an anecdote related to the goal of developing muscle strength and control is this:

Date 8th Jan 1995
Observer Jane
Child Michael
Age 10 months

Today I watched as Michael pulled himself into a standing position on one of the small tables. He stood still against the table for a few seconds, sliding his hands up and down the table. As he did this, he pushed some paper on the floor. He twisted his head around to see where the paper had landed and, as he did so, he let go of the table and stood by himself for about 10 seconds before he began to lose his balance, when he reverted to a squatting position before crawling away on his hands and knees.

Here the caregiver has noted the first time he has observed Michael standing alone. This short anecdote is an important record of how Michael is developing large muscle strength and control. Some caregivers have a notebook nearby where they can jot down quick notes about things they see the children doing. Others have good memories and use quieter times of the day to record anecdotes. Taking photographs of children doing things is another good way of recording anecdotal information. It's probably a good idea to put the cost of films and developing them into the budget!

Specimen records

A specimen record is a narrative description of an event or behaviour recorded at the time. Specimen records are useful if you are particularly worried about an aspect of a child's development or behaviour. The caregiver sits down and records exactly what the child is doing or saying. For example, if a caregiver is worried about a child who has started biting other children, he or she may sit down and record exactly what happens when the child is near other children.

By observing carefully, the caregiver may be able to find out what is causing the child to bite. The following example is of a specimen record.

Date 8th Jan 1995
Observer Jane
Child Sarah
Age 16 months
Context and Setting
Babies' room; washing hands before lunch

Jane takes Richard, Sarah, and Jenny into the bathroom to wash their hands for lunch. Jane helps Sarah and Jenny onto their potties and then changes Richard's nappy on the change bench. Sarah sits quietly on her potty, watching Richard being changed. Sarah says 'Finished', Jane responds, 'OK, just wait a second and I'll help you'. Sarah gets off her potty and walks over to the wash basin. The tap is already turned on and Sarah begins to play with the water; she puts both hands under the water and watches it trickle over her fingers. She splashes the water collected at the bottom of the basin with both hands. She puts both hands under the water again and watches intently as the water flows across her hands. Jenny says 'Fin', gets off her potty, and walks to the basin. She reaches across Sarah to turn the tap on faster. Sarah squeals; Jenny tries to push Sarah out of the way; Sarah bends her head and bites Jenny on the offending arm. Jenny screams and lets go of the tap. Sarah stares at Jenny, still with her hands under the flowing water. Jenny screams and makes her way towards Jane. Jane picks her up and comforts her. She says 'There's just not enough room for two people, is there.?'

Specimen records are very time-consuming and should probably be saved for particular concerns that the caregiver may have about a child.

Check lists

Checklists are often used in child care programs, but they have limited value with regard to planning. It is impossible to list all the behaviours that might be of interest to you unless the checklists are so enormous that no one has the time to fill them out. They tell you little about what the children are interested in or what they seem to avoid. Sometimes they are also misused by caregivers who are tempted to test children to see if they have accomplished the things specified. Even so, they can be a good record of children's development if they are used properly. Checklists should really be filled out as you see children accomplish things in the natural setting, and should not be the sole source of observational records.

How often should the children be observed?

The answer to the question of how often the children should be observed is 'it depends on...' While caregivers are continually observing the children, each child needs to be observed systematically and regularly. The regularity of the observations depends on things like:

- How many children are enrolled in the program in total. While there may be only eight places in some baby rooms, there can be up to 25 children actually enrolled.
- How much time you have to observe the children.
- How skilled you and the other staff are at observing.
- How much non-contact time you have away from the children.

The observation cycle

All children need to be observed and planned for, but each caregiver will have to make decisions about what is possible and what is not. As a rule, children attending full-time need to be observed and planned for more regularly than 'part-time children'. This is because the centre has a greater responsibility towards the full-time children's development than to the part-timers, simply because the former spend longer in the program.

Ideally, full-timers should be observed at least every three weeks and part-timers every three to six weeks. What is important is that you can demonstrate a systematic coverage of all the children on a set cycle. For example, if you have 20 children enrolled in the program—six full-time and 14 part-time—you will need to decide how many children you can observe each week. You may decide that you can observe five children each week. This would mean that you would observe the full-timers every two weeks and the part-timers every seven weeks.

Each week you would observe three full-timers and two part-timers. Seven-week cycles are quite long for infants and toddlers, so you would probably split the part-timers according to how much time they spend at the centre, observing children who come for half or one day less often than children who come for four days.

The planning cycle

The plans for individual children that are constructed from the observations will have to cover the period between observations. This is the planning cycle. This means that the planning cycle will be different for children attending full-time and those attending part-time. In this case, the planning cycle for the full-timers would be fortnightly, and from monthly to six weekly for the part-timers. The plans for individual children should be evaluated in the light of your observations at the end of the planning period. A review of plans to see how things are going should be done weekly where possible.

Who should observe?

Most unqualified staff can be trained to make objective observations of the children. However, it must be the qualified staff who undertake the interpretation, evaluation, and program planning, as this requires a very thorough understanding of child development.

What to do with the observations

Once the observations have been collected, some caregivers are at a loss to know how to convert the information to specific objectives for the children. The observations have to been interpreted and evaluated against the program goals. Caregivers use their understanding of child development and their previous knowledge of the children concerned to assess how the child is progressing with regard to the program goals.

Interpretation

Interpretations explain what is happening in the observation in developmental terms. For example, from the anecdotal observation on Michael, the caregiver can say that Michael is developing control and strength in his leg muscles, yet still buckles under his own weight after a few seconds of standing alone. This is an interpretation of the observation.

Evaluation

Once the caregiver has interpreted what happened in the observation, he or she can then evaluate the child's progress. Evaluation requires a judgement about how the child is progressing. In this example, the evaluation might be that, since the last time the caregivers observed him, Michael has made good progress in motor skill development and has increased strength and control over his large muscles. He is, however, unable to take his own weight unsupported. Evaluations should point out the child's strengths, needs, and interests.

Sharing observations with parents or guardians

A recent study in England demonstrates the importance of sharing observations of the children with parents (Rahman, 1994). The study found that mothers generally overestimated their children's abilities before they started day care and tended to underestimate their abilities after six months in day care. The overestimation of children's abilities by their parents seems to be a common trait and an important part of providing challenges that enable the

child to reach the next level of development; it is consistent with the Vygotskian view of how children develop. Mothers could still estimate their children's physical abilities after six months in day care but were unaware of some of the cognitive advances their children had made. The implication of this finding is that these mothers would be not necessarily be providing their children with experiences that facilitated their child's cognitive development. It is important, therefore, that caregivers share their observations with the parents so that they are able to respond the their child's developing abilities.

Sharing observations with parents: *An example of good practice*

At Lakeside Child Care Centre, the caregivers in the baby room keep a planning book for each child. In these books the caregivers record their observations, plans, and evaluations for each child each week. The books are attractive, with a picture of the child concerned on the cover. The caregivers also include photos they take of the children. Children have their own lockers, and the planning books are kept in these lockers. Parents can read the observations of the children whenever they want to and are encouraged to add their own observations to those of the caregivers. Not all the parents have the time, but some are very keen and take the time to add their own thoughts and observations each week. The caregivers have found that the books have helped them talk more openly with the parents about their child's development.

The following examples are of a caregiver's interpretation and evaluation of a set of observations he has made of three babies in his room. The caregiver has observed the children over the past two weeks, and has made the following assessment of their strengths, interests and needs.

Thomas, aged 14 months

Interpretation

Thomas began full-time day care three weeks ago. His caregivers have been observing him during this settling-in period and have concluded that he is not settling easily. He becomes distressed when his parents leave in the mornings, usually falling asleep in the caregiver's arms while still sobbing. On waking he will take a drink but will not eat, and will not leave the caregiver to explore the environment. He gets very distressed if his primary caregiver (Jodie) leaves the room or has to pick up any of the other children. He does show some interest in the book about farm animals, and his parents have confirmed his favourite book at home is about farm animals. His parents report that he enjoys making animal sounds with them. During the afternoons he gets very tired but becomes very distressed again when he is put in a cot to sleep. The caregivers have also tried the hammock, but he became very upset when Jodie went to put him in it. The only way the caregivers have got him to have an afternoon sleep is to lie down with him on a mattress in the room.

Evaluation

Strengths

Thomas is able to express his distress and unhappiness.

Interests

Farm animals.

Needs

To develop an attachment to a caregiver.

Jack, 20 months

Interpretation

Jack is attached to his mother and to his primary caregiver at the centre. He enjoys exploring the environment but makes frequent checks to make sure his caregiver is near him. He seeks out the caregiver if other staff, visitors, or parents enter the room. Jack likes to paint at the easel, often painting his hands and putting them on the paper. He also enjoys the water play and washing his hands. Jack walks confidently without tripping, but runs stiff-legged and is more likely to move around slowly and quietly rather than to run around boisterously. He does not tolerate interruptions to his play, and will throw himself to the ground in temper if he is interrupted by other children or by the caregivers or his parents. This is causing some embarrassment to his parents on departure, as it often ends up in a tantrum. Jack prefers to sit in a high chair away from the other children but is quite capable of sitting at the table and managing his food independently. He manages a spoon and a cup well and eats most of what is offered to him. Jack sleeps in his cot for about one-and-half hours after lunch. He is just beginning to show an interest in toileting and understands the difference between wet and dry. Although Jack understands most of what is said to him, he does not use any recognisable words yet and relies on the caregiver understanding his own special jargon or on pointing to what he wants.

Evaluation

Strengths

Well-settled at the centre and has made positive relationships with caregivers.
Walks confidently.
Manages finger painting independently.
Makes own choices.

Interests

Tactile experiences.
Toilet training.

Needs

Plenty of space and uninterrupted time.
Warnings of interruptions.
Adult support when playing alongside other children.
To be able to verbalise his needs.

Mashallah, aged 10 months

Interpretation

Mashallah is attached to both her parents and to her primary caregiver at the child care service. She protests for approximately two minutes when her father or mother leave her in the morning but she is easily comforted by her primary caregiver. Mashallah crawls rapidly and is able to stand alone for a few seconds. She does not show any interest in walking but is an expert climber. She can climb on and off the armchairs in the play room and thoroughly enjoys the challenge of climbing through and over obstacles placed in her way. At home she falls asleep at the breast and sleeps in the family bed. At the centre the caregivers have found that she will settle to sleep in the hammock but becomes distressed if put in a cot. She vocalises throughout the day and enjoys reciprocal turn-taking with adults. She makes a wide range of sounds but has not yet used any recognisable words. She has just learned to clap with two hands and to wave with one hand. Mashallah particularly enjoys observing adults and trying to imitate their actions. She has been introduced to fruit and vegetables from six months, and now eats a wide range of food even though she is still breast-fed on demand at home. Mashallah drinks from a cup with the help of an adult and enjoys apple juice, orange juice, and plain water. Mashallah is a very curious and active baby who engages in exploratory play with great enthusiasm. She especially enjoys working out how to open and shut objects such as wallets and purses, drawers, and cupboards. She also enjoys intruding games such as 'Peek-a-Boo', and 'Round and Round the Garden'. She loves to be chased, and squeals with delight as she crawls to the other caregiver for protection. Mashallah also enjoys having her clothes removed but protests loudly when being dressed again.

Evaluation

Strengths

Settling well into the program.
Active, curious, and enjoying herself.
Observes and imitates adults.

Interests

Climbing.
Interacting with caregivers.
Exploring cause and effect relationships.

Needs

Opportunities for active exploration and physically active play.
Reciprocal interactions with caregivers.
Opportunity to practice holding spoon and cup.
Opportunity to practice hand eye coordination.
The use of the hammock when tired.

From this assessment of the children's strengths, needs and interests the caregiver can easily develop recommendations for planning that will help in the formulation of specific objectives for each child. The following section demonstrates how this is done, using the example of baby Mashallah.

Step 6

Development of program plans for individual children

The next step in the planning process after interpreting and evaluating the children's behaviour and/or development from your observations is to make recommendations for planning and to develop specific objectives.

Recommendation for planning

The recommendations should build upon the child's strengths and interests while responding to the child's needs. For example, the recommendations for the baby in the previous example are:

- to provide opportunities for Mashallah to follow-up on her interest in climbing and exploring;
- to use her new skill of waving and clapping hands to help her make the separation from her parents in the morning;
- to provide opportunities for Mashallah to practice feeding herself and for the caregivers to make sure that the hammock is available to her when she is tired;
- to provide opportunities for Mashallah to develop greater strength and control over muscles needed for walking; and
- for caregivers to engage Mashallah in verbal interactions during routines.

Specific or short-term objectives

These broad recommendations need to be refined into specific observable objectives so that they can easily be evaluated. These specific objectives are sometimes referred to as short-term objectives, because they can be achieved quite quickly. Specific objects need to sequenced according to the child's developmental maturity. For example, it would be silly to have a short-term objective such as, 'Mashallah to walk unaided', if she is unable to stand for any length of time or walk around the furniture.

The art of writing specific objectives is to write them in such a way that they have realistic expectations of what the children can do and are easy to evaluate. With each objective you should be able to say, 'yes she has achieved this', or, 'no, this was not achieved'.

Specific objectives for Mashallah based on the recommendation for planning made by the caregiver are:

- to explore new materials provided by caregivers;
- to engage in reciprocal interactions and turn-taking with caregivers;

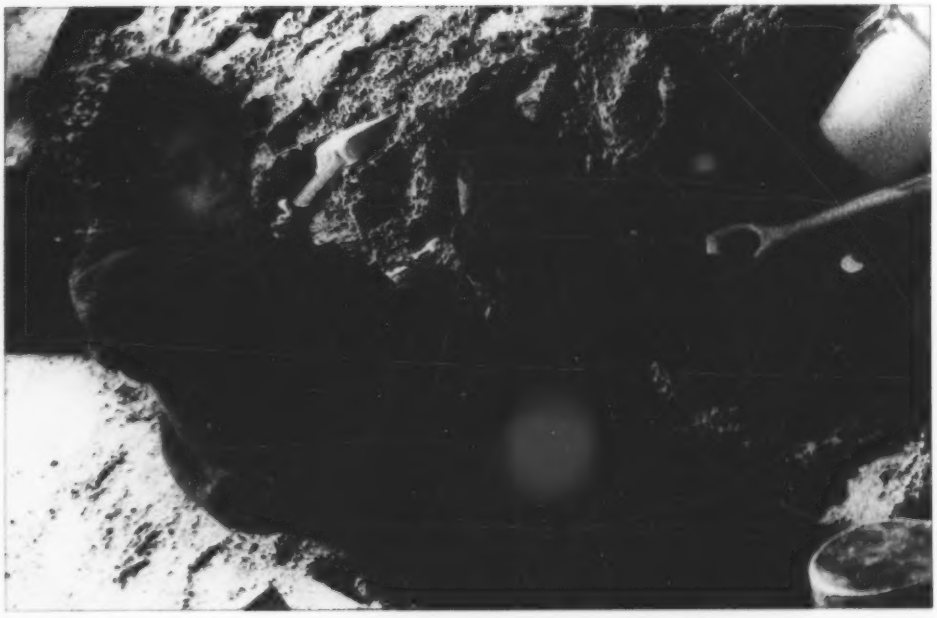
- to engage in physically active play;
- to gain confidence in standing alone;
- to cooperate with caregivers when being dressed;
- to settle to sleep in the hammock when tired; and
- to wave good bye to Mum and Dad.

Development of individual plans

Once you have developed a set of objectives based on the recommendation for planning, you can use the curriculum framework to help you plan the experiences that will enable the objectives to be met. The following process is used to develop the plans for individual children:

1. Observe the child over time.
2. Interpret and evaluate the child's behaviour/development from the observations.
3. Make recommendations for planning in relation to program goals
4. Write specific objectives in relation to program goals.
5. Plan strategies to meet the objectives, using the curriculum framework.

The following plans for the three babies in the earlier examples have followed each of these steps.



Plan for Mashallah

Objectives	Caregiving	Attachment	Play	Evaluation
• To explore new materials provided by caregivers. • To engage in reciprocal interactions and turn-taking with caregivers. • To engage in physically active play. • To gain confidence in standing alone. • To cooperate with caregivers when being dressed. • To settle to sleep in the hammock when tired. • To wave goodbye to Mum and Dad.	• Mealtimes — allow to explore texture of food. • Encourage to hold cup and spoon. • Label food and actions. • Sleep — place in hammock when indicating that she is tired. Sing 'All the Little Horses' lullaby. • Nappy change — sing 'My Hands are Clapping', try to get her interested in helping to put nappy on — give verbal cues, e.g. 'lift legs', 'nearly finished'. • Allow time to run hands under water after nappy on.	• Wave good bye from window. • Put Mum's jumper in hammock for sleep. • Caregivers spend time at the end of the day talking to Mum or Dad.	• Basket of everyday objects to explore. • Set up climbing obstacles — cushions, low planks, and mattresses. • Sing 'My Hands are Clapping'. • Water play outside. • Provide obstacles to walk around. • Outing to park — take photos to take home.	

Plan for Thomas

Objectives	Caregiving	Attachment	Play	Evaluation
1. To separate from his father without distress. 2. To settle to sleep quickly without distress. 3. To be comforted by the caregiver when distressed. 4. To seek out the caregiver for comfort. 5. To explore the environment with confidence.	• Allocation of primary caregiver (Jodie). • Jodie to change, feed, and settle Thomas to sleep. • Jodie to develop changing, feeding, and sleep rituals with Thomas, based on the rituals used at home.	• Jodie always to greet Thomas and father. • Encourage Thomas to wave from window when father leaves. • Jodie and Thomas to look at Thomas' special book (farm animals) each morning after father leaves. • Give parents photograph of Jodie to take home. • Put photographs of Thomas' parents on the display board.	• Set up model farm animals in sand patch. • Put large boxes around the room for climbing in and on. • Play trusting games — 'Peek-a-Boo', 'Round and Round the Garden' and 'This Little Piggy'. • Hide model farm animals around the room for the children to discover.	

Plan for Jack

Objectives	Caregiving	Attachment	Play	Evaluation
• To be able to engage in parallel play for five-minute episodes each day. • For caregiver to institute preparation strategies for transitions. • To use one-word sentences to get needs met. • To sit on potty at nappy-change time. • To continue playing with the support of a caregiver when strangers enters the room.	• Sit with Jack at the table during snack and lunch. • Encourage to get his own nappy from his bag and to find his pot by himself. • Encourage to wash hands and to turn off the tap. Reinforce concept of wet and dry. • Caregivers to label objects and to encourage one-word verbalisations of needs during all routines.	• Provide verbal reassurance such as 'It's OK Thomas, it's just…' when strangers enter room. • Provide warnings of departure through routine of washing face and combing hair — look out of window when Mum is arriving at 4.00 p.m. (make sure Mum knows to ring if she is going to be late).	• Provide tactile experiences — play dough, fingerpainting, • Continue to play intruding games like 'Peek-a-Boo', 'Round and Round the Garden'. • Provide support in parallel play. • Section-off room for 'alone' space. • Water play to reinforce concept of wet and dry.	

Step 7

Development of the group plan

Once you have designed individual plans for the children you have observed, the next step is to take the experiences from each plan and put them together in a group program. After that, you will need to find some way of constructing a visual representation of the program for display in the room. A simple but effective way of doing this is to list the experiences you have planned for the children, under the headings Human and Physical environment

The following example has collated all the experiences from the individual program plans given as examples in step six and seven. As you will see, it is not necessary to put the days of the week on the program plan, because most of the experiences listed will be available throughout the planning period. The planning period will depend upon the observation cycle being used. Infants and toddlers need continuity and consistency, and this means time to explore and discover whatever they can out of the experiences you provide for them. They need time to understand the properties of objects, and their relationship to other objects and they need time to master tasks before moving on to new tasks. The program does not need to provide new experiences daily. Rather it should respond to the needs and interests of the children. Even so, it is a good idea to review the program at the end of the week just to see how things are going. At this age children grow and develop very quickly, and a check needs to be made that the program is meeting the ever-changing needs of the children in the group.

Group Plan week beginning 30.1.95

Human environment	Physical environment
Jodie to change, feed, and settle Thomas to sleep. Jodie to develop changing, feeding, and sleep rituals with Thomas. All caregivers to follow children's routines and rituals. Provide time for children to explore the taste, texture, and smell of their food. Encourage children to hold cup and spoon. Label food and actions at mealtimes. Label objects throughout the day. Use hammock for Mashallah — put Mum's jumper in hammock for sleep. Sing 'All the Little Horses' and 'My Hands are Clapping'. Encourage children to take part in nappy change by giving verbal cues and getting own nappies if able. Encourage children to find their own pots. Encourage children to wash hands after nappy change. Reinforce concepts of wet and dry during nappy change and hand-washing. Talk to parents in the mornings; encourage children to wave goodbye. Spend time talking to parents at end of day; wave goodbye to each child. Provide verbal reassurance and, if necessary, physical reassurance to children if strangers enter the room. Provide children with warnings of departures by combing hair and looking out of the window. Play trust building games with the children e.g. 'Peek-a-Boo' and 'Round and Round the Garden'. Encourage children to find the photo of their parents on the pin-up board. Look at picture books with children when parents arrive.	Hide model farm animals around the room for children to discover. Set up model farm animals in sand patch; use blocks for fences. Large boxes around the room for climbing on. Use the ones with different-shaped holes. Basket of everyday objects to explore. Fill with purses, bags, hats, combs and brushes. Low planks and mattresses for climbing. Set up under window. Water play outside. Put plastic bottles and containers on table at side of water trough. Obstacles for walking around; use small A-frames and large cushions. Outing to park. Take bread to feed ducks. Play dough/fingerpainting. Play dough Monday, Wednesday, Friday. Fingerpainting Tuesday and Thursday. Make some cubby spaces; use bookcases and blanket over a table.

Step 8

Evaluation

In order to make sure that the program goals and the needs of the children are being met, both the goals themselves and the specific objectives for individual children need to be evaluated regularly.

Review of program goals and curriculum framework

The program goals and the curriculum framework should be reviewed every six to 12 months. Reviewing the program goals simply involves checking that the needs of the community have not changed and that the goals are still relevant. Any adjustments can be made by adding new goals or deleting goals that are no longer relevant.

Likewise, it is a good idea to review the curriculum framework to see how well it is meeting the needs of the caregivers. The point of having a curriculum framework is to assist the caregivers in planning for the children. If the framework is not assisting you, it may need modifying. Remember it is a tool to help you plan, and needs to work for you.

Evaluation of the program

The evaluation of the program involves examining the degree to which the program is actually providing what it set out to provide. A quick way of evaluating program goals is to make a list of practical examples of ways in which the program is structured to meet each goal and the degree to which the program has been successful.

For example, the program may try to implement a primary caregiver system to assist the attainment of the goal 'for children to develop a sense of trust in themselves and others'. If there has been a lot of staff sickness or staff turnover, this may not have been achieved, in which case the program may not be meeting its goal and some strategies for reducing the staff instability are needed.

An example of evaluating a program goal.

Program Goals	Strategies used	Attained/not attained
• For children to develop self-comforting strategies.	• Children able to access their own special comfort toys all day. • Children encouraged to seek out comfort toys when distressed. • Children offered physical comfort when distressed. • Children offered verbal comfort when needed.	• No — need new low shelving in the room to achieve this. • Yes — caregivers go and get comfort objects for children • Owing to staff shortages, this has not always been possible • Yes — caregivers always offer verbal support such as 'It's OK we're here' or 'I'll come and get you soon', even when busy.

Evaluation of plans for individual children

A great deal of the program evaluation happens on a regular basis through the evaluation of the plans for individual children. This evaluation should take place at the end of each planning period. For example, if you are planning on a two-weekly cycle, the plans will be evaluated each fortnight. If you have managed to write very specific objectives, the evaluation should be a simple process of deciding whether the experiences provided have enabled the child to meet the objective. Caregivers will have to decide whether the child needs more time to meet the objective or whether the objective is inappropriate.

The evaluation should contain a statement about whether the objective has been met and a recommendation for future planning. In the next examples you can see how the caregiver has evaluated the plans for Mashallah and Thomas and made recommendations for further planning.

Evaluation of plan for Mashallah

Objectives	Caregiving	Attatchment	Play	Evaluation
• To explore new materials provided by caregivers. • To engage in reciprocal interactions and turn-taking with caregivers. • To engage in physically active play • To gain confidence in standing alone. • To cooperate with caregivers when being dressed. • To settle to sleep in the hammock when tired. • To wave good bye to Mum and Dad.	• Meal times — allow to explore texture of food; encourage to hold cup and spoon. Label food and actions. • Sleep — place in hammock when indicating that she is tired. Sing 'All the Little Horses' lullaby. • Nappy change — sing 'My Hands are Clapping', try to get her interested in helping to put nappy on — give verbal cues, e.g. 'Lift legs', 'nearly finished'. • Allow time to run hands under water after nappy on.	• Wave goodbye from window. • Put Mum's jumper in hammock for sleep. • Caregivers spend time at the end of the day talking to Mum or Dad.	• Basket of everyday objects to explore. • Set up climbing obstacles — cushions, low planks, and mattresses. • Sing 'My Hands are Clapping'. • Water play outside. • Provide obstacles to walk around. • Outing to park — take photos to take home.	• Waved goodbye to Dad but began to cry when he was out of sight. Hasn't connected the wave with leaving. • Sleeping for two hours in hammock. • Sat quietly for long periods examining the objects in the basket. • Doing better with the cup but not interested in the spoon. • Really enjoyed the climbing games. • Standing alone more often. • Still uncooperative when being dressed.

Comments: The plan seems to be working well; objectives not all met so will continue for another week and re-evaluate next Friday.

Evaluation of plan for Thomas

Objectives	Caregiving	Attachment	Play	Evaluation
1. To separate from his father without distress. 2. To settle to sleep quickly without distress. 3. To be comforted by the caregiver when distressed. 4. To seek out the caregiver for comfort. 5. To explore the environment with confidence.	• Allocation of primary caregiver (Jodie). • Jodie to change, feed, and settle Thomas to sleep. Jodie to develop changing, feeding, and sleep rituals with Thomas, based on the rituals used at home.	• Jodie always to greet Thomas and father. • Encourage Thomas to wave from window when father leaves. • Jodie and Thomas to look at Thomas' special book (farm animals) each morning after father leaves. • Give parents photograph of Jodie to take home. • Put photographs of Thomas' parents on display board.	• Set up model farm animals in sand patch. • Put large boxes around the room for climbing in and on. • Play trusting games — *Peek-a-Boo*, *Round-and-Round the Garden* and *This Little Piggy*. • Hide model farm animals around the room for children to discover.	• Thomas did not cry when Jodie took him from his father on Thursday and Friday. Beginning to be comforted by caregiver. • On Friday began to play with model farm animals in sand; just starting to explore environment. • Likes to get his own bag for changing. Settle to sleep on mattress with Jodie reading book. Starting to establish rituals. • On Thursday asked for Jodie when he awoke from sleep; beginning to seek out caregiver for comfort. Wasn't at all interested in boxes. • Mum and Dad reported that Thomas seemed happier by Friday.

Comments and follow-up: Continue with program review end of next week. Try water play; Mum says he likes it.

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